

Name
in
Full

Mary Elmera Andrews.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Arlington	Baldo			
Date of death	Month	Day	Years	Months	Days
1905	Dec	29	Age	West	29
Sex	Female	Color or Race	White	Birth-place	Arlington
Occupation	Where Residing if not at place of death				
Married, Single or Widowed.	Arlington				
Father's Name	Name of Wife or Husband				
William B Andrews					
Mother's Maiden Name	Name of person giving information				
Mary Ellen Magliet	William B Andrews				
Father's Birthplace	Baltimore				
Mother's Birthplace	Lutherville				
How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Meningitis	How long	uncon.
Immediate	Convulsion	How long	1/2 hour.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Notary and
		Address	Arlington
Accident or Suicide?			

Jos B Cook
Western Cemetery.

Name
in
Full

Bernard Appel

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Town		County		MARYLAND	
Died at Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Dec.	14	2	3	—
Sex	Male	Color or Race	White	Birth- place	Md.
Occupation	None				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Bernard Appel				
Mother's Maiden Name	Anna M. Anderson				
Name of person giving Information	Bernard Appel				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Passion Coagest. of liver, jaundice		How long	2 weeks
Immediate	Convulsions		How long	one day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. W. Appel M.D.	
Yes		Address	1013 Canton St.	
Accident or Suicide?				

St. Alphonsus Cemetery

Dec. 16th 1905

Germanus France

Under late

Name
in
Full

Eliza H. Arnop

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month Dec	Day 21	Years 81	Months	Days
Sex Female	Color or Race White	Occupation Housewife	Harford Co		
Married Single or Widowed					
Name of Wife or Husband	James Arnop				
Father's Name	Walter Walters				
Mother's Maiden Name	Mary Leonard				
Name of person giving Information	William H. Ristead				

CAUSES OF DEATH

Primary	Heart disease	79	How long	Eight years
Immediate	Heart failure & dropsy	79	How long	Two years
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	D. S. Janett
			Address	20000
Accident or Suicide?				

E J Knutz
Garrettsville
Md

Wm Watters Memorial Church
Coopertown Md

Name
in
Full

Augustus Bailey

CERTIFICATE OF DEATH

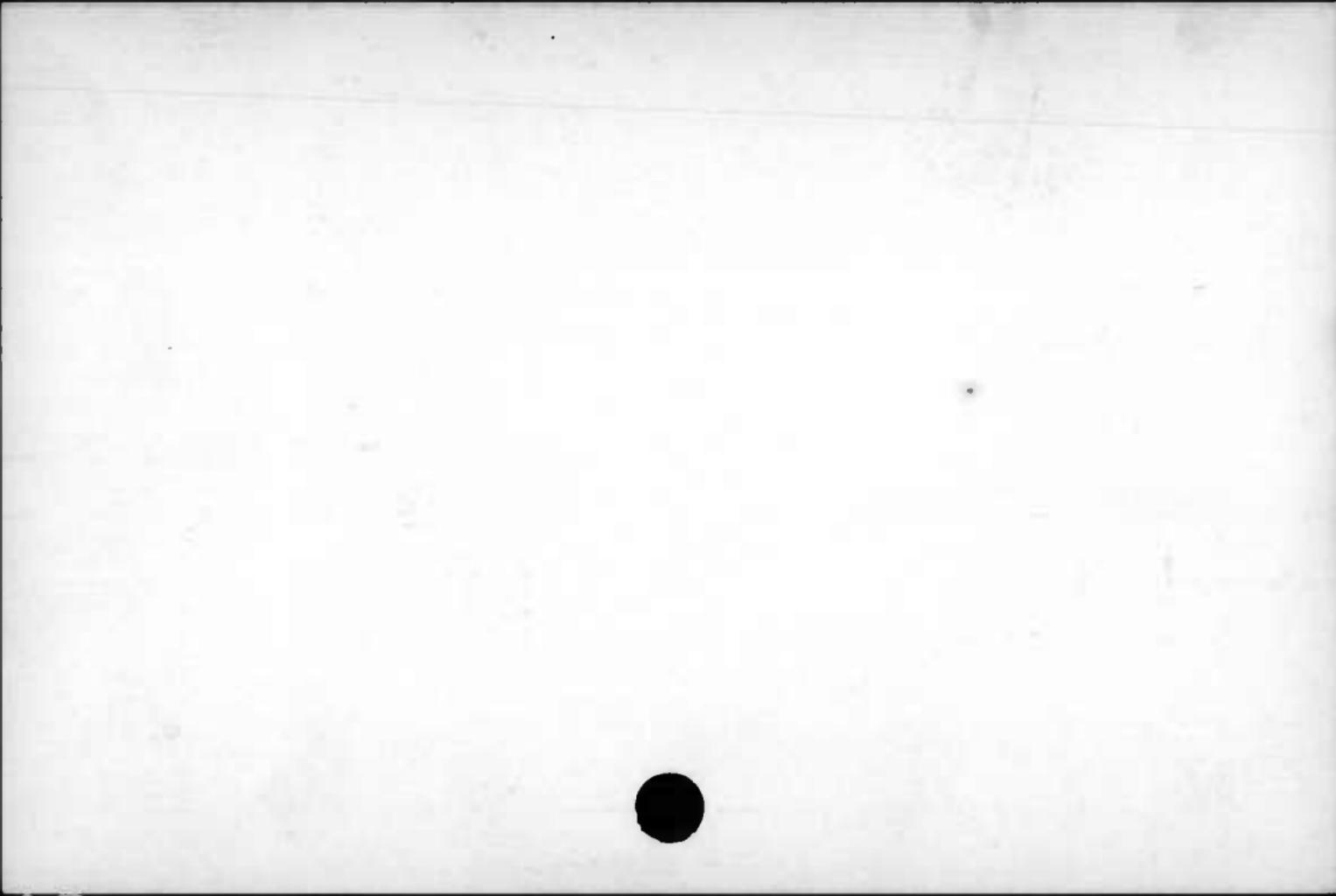
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Dec.	Day 8	Age 56	Years	Months -
Sex	Male	Color or Race	Colored	Birth-place	Balt. Md	
Occupation	Cook	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Christiana Bailey			
Father's Name	George Bailey			Father's Birthplace	Balt. Md	
Mother's Maiden Name	unknown			Mother's Birthplace	unknown	
Name of person giving Information	Christina Bailey			How related to deceased	wife	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac Drowsy		How long	6 month
Immediate	Multiple Oedema & Thrombosis		How long	2 weeks
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Frank H. Ruhl
			Address	Paradise. Md
Accident or Suicide?				



Name
in
Full

James Henry Baldwin

CERTIFICATE OF DEATH

MARYLAND

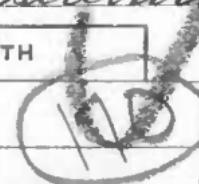
TO BE ANSWERED BY
NEAREST FRIEND

Died at	St. Helena	Month	Baltimore	County	
Date of death	1905	Dec	25	Age	43
Sex	Male	Color or Race	White	Birth-place	Baltimore
Occupation		Where Residing if not at place of death St. Helena			
Married, Single or Widowed	M	Name of Wife & Husband	Georgeanna Miller		
Father's Name	Samuel Baldwin			Father's Birthplace	
Mother's Maiden Name	Lizzie Barrimay			Mother's Birthplace	Baltimore Co.
Name of person giving information	Georgeanna Baldwin			How related to deceased	wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary



How long

Immediate

Exposure
yes

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Baltimore Fred L. Pfeffer

Address

1218 First St
Baltimore Md

Accident or Suicide? accident

~~W. J. Carmel Co.~~

J. Herwig & Son

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Mabel Beaumaur

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1905	Month Dec.	Day 14	Years 8	Months	Days	
Sex	Female	Color or Race	White		Birth-place	Tunis State, Md.	
Occupation	None	Where Residing if not at place of death					
Wid., Single or Widowed		Name of Wife or Husband					
Father's Name	Frederick Beaumaur					Father's Birthplace	
Mother's Maiden Name	Mary E. Carlile.					Mother's Birthplace	
Name of person giving information	Mrs. Geo. McClelland					How related to deceased	

CAUSES OF DEATH

Primary	Acute Meningitis		How long	4 days
Immediate	Acute Meningitis		How long	4 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	F. C. Eldred, M.D.
			Address	Spurris Paint Md.
Accident or Suicide?				

Ebenezer Leem.

Chase, Md.

J. Henwig & Son

12/17/05-

Name
in
Full

Sarah E Beck.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Arlington</u>		Town	<u>Baltimore Co.</u>		County	MARYLAND	
Date of death	1905	Month 12	Day 7	Years Age 60	Months —	Days —	
Sex Female	Color or Race White			Birth- place Md.			
Occupation House Wife	Where Residing if not at place of death Arlington						
Married, Single or Widowed Married	Name of Wife or Husband Ernest Beck			Father's Birthplace Arlington			
Father's Name Walsnun					Mother's Birthplace —		
Mother's Maiden Name —					How related to deceased Husband		
Name of person giving Information Ernest Beck							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Nephritis.	How long 1 year
Immediate Exhaustion.	How long —
Are the name, age, sex, color, date and place correctly given above? Yes.	Signature of Physician Edwin E Jones
	Address Arlington Md.
Accident or Suicide?	

E. D. Sallay & Co.

Pleasant Hill.

Name
in
Full

George Albert Becker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Monroe Park

County

Baltimore

MARYLAND

Date of death 190 Month Dec Day 30 Years 25 Months 11 Days 23

Sex Male

Color or Race

White

Birth-place

Baltimore, Md

Occupation

Where Residing if not
at place of death

Garment Worker

Married, Single
or Widowed

Married

Name of Wife or
Husband

Margaret Becker

Father's
Birthplace

Md

Father's
Name

John M. Becker

Mother's
Maiden Name

Katherine

Mother's
Birthplace

"

Name of person giving
Information

Margaret Becker

How related
to deceased

Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of lungs

How long

9 mos

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

W. B. Hall

Address

111 W. Main

Accident or Suicide?

McRae & Son
London Park

John Beyer

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Age	Years	Months Days
Sex	Color or Race	Where Residing if not at place of death			
Occupation					
Married, Single or Widowed	Name of Wife or Husband	Annie M. Beyer			
Father's Name	Not Known			Father's Birthplace	
Mother's Maiden Name	Not Known			Mother's Birthplace	
Name of person giving information	Annie M. Beyer			How related to deceased	Wife

CAUSES OF DEATH

Primary

apoplexy

How long

probably a few hours

Immediate

brain failure

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

H. M. Wright
1023 Canton St.

Oak Lawn Cemetery
H. Sander & Sons

Name
in
Full

Mary Q Bollman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Int Washington</u>		County <u>Balt.</u>		MARYLAND	
Date of death	Month <u>1905 - 12</u>	Day <u>6</u>	Age <u>3</u>	Months <u>8</u>	Days <u>28</u>
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Md.</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>J. Wendel Bollman</u>				
Mother's Maiden Name	<u>Catharine J. Kennard</u>				
Name of person giving information	<u>J W Bollman</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Croupous Laryngitis

⑨

How long

8 hr

Immediate

Asthma

How long

1 hr

Are the name, age, sex, color, date, and place correctly given above?

yes

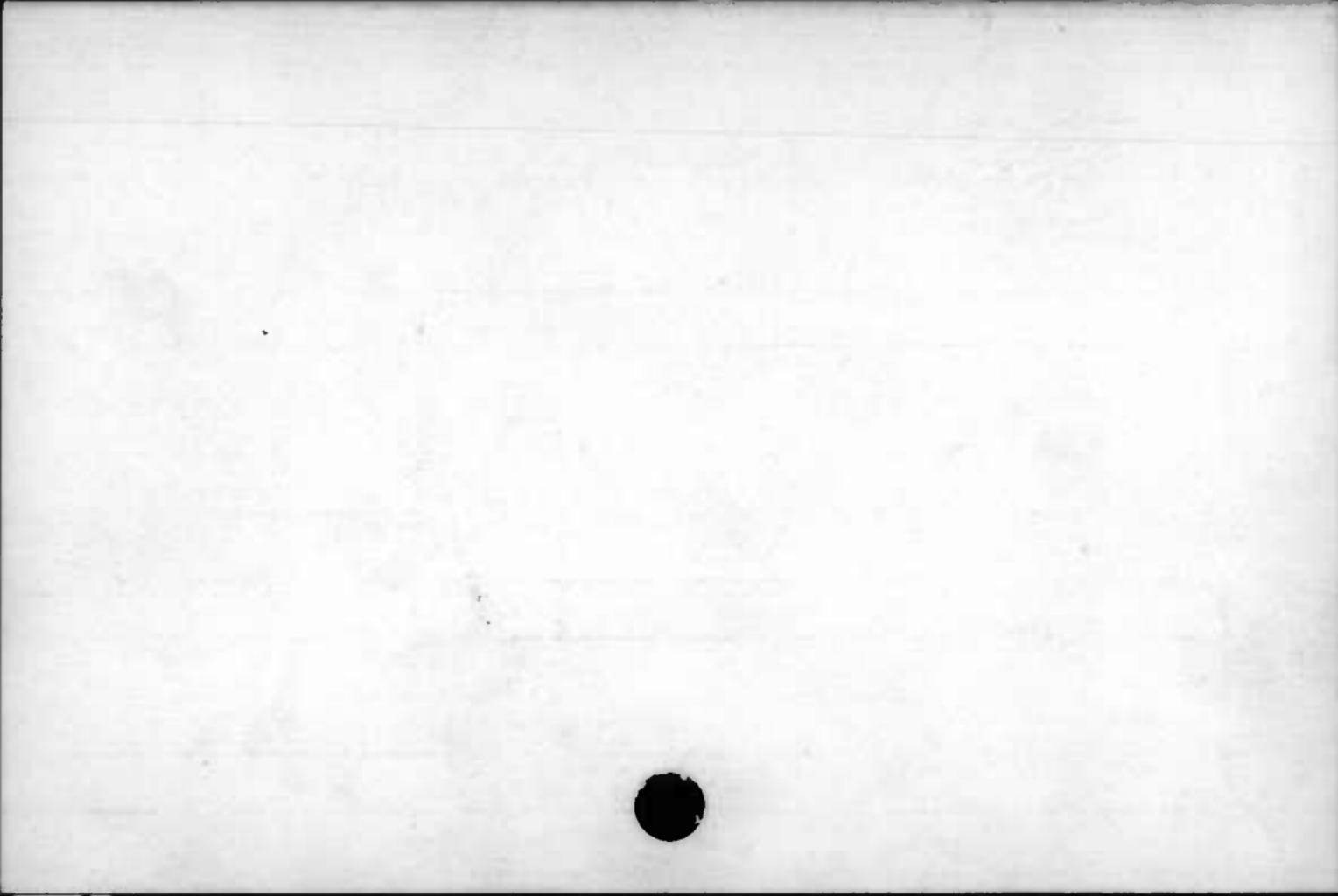
Signature of Physician

J H Beeton M.D.

Address

Int Washington
Md.

Accident or Suicide?



Name
in
Full

Leo Francis Boner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Canton		Balto	Months	Days
Date of death	Month	Day	Years	—
1905	Dec.	22 nd	Age	4
Sex	Male	Color or Race	White	
Occupation	None	Where Residing if not at place of death	Balto Co.	
Married, Single or Widowed	Single	Name of Wife or Husband	—	
Father's Name	Alexander J. Boner.			
Mother's Maiden Name	Catharine A. Cotter.			
Name of person giving information	Alexander J. Boner.			
Father's Birthplace	Ireland			
Mother's Birthplace	Balto Co.			
How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tubercular Meningitis
as the main cause

How long

3 weeks

Immediate

How long

—

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. J. McCaughan
839 S. Canton
Balto. Md.

Accident or Suicide?

Germannus ² Frane

Dec 24 th 1905

Sacred Heart Cemetery

Name
in
Full

Martha W. Brady

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Female		Color or Race	white.		
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Widow		Name or Wife or Husband	residence		
Father's Name	Richard C. Meason		James W. Brady	Mass.		
Mother's Maiden Name	Marg. M. Marlow			Mass.		
Name of person giving Information	daughter					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bright Disease

How long

Immediate

10/10

How long

Are the name, age, sex, color, date and place correctly given above?

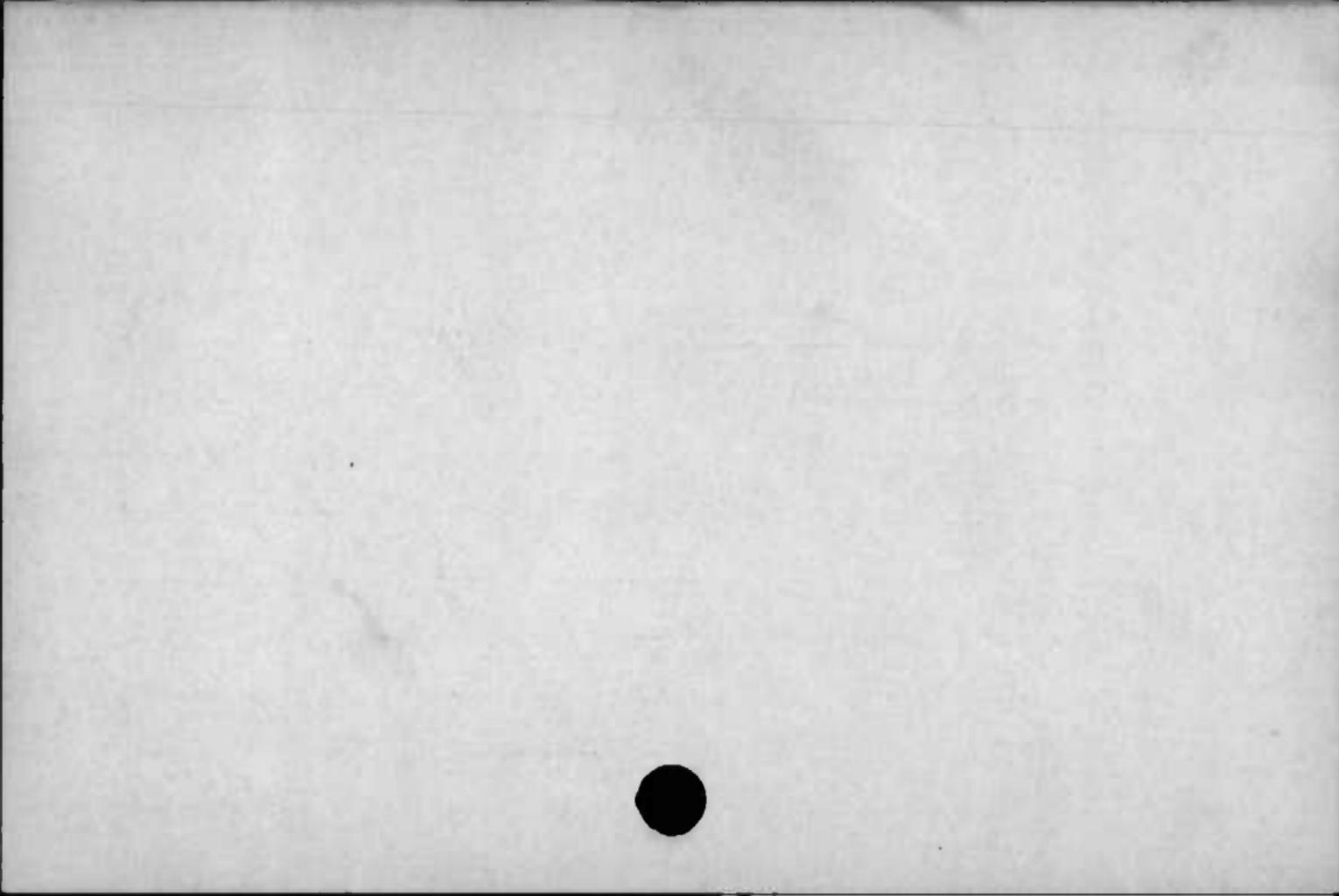
Signature of Physician

Address

Dr. Thomas Shearer
103 W Franklin St
Baltimore

Mrs Martha W Brady

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

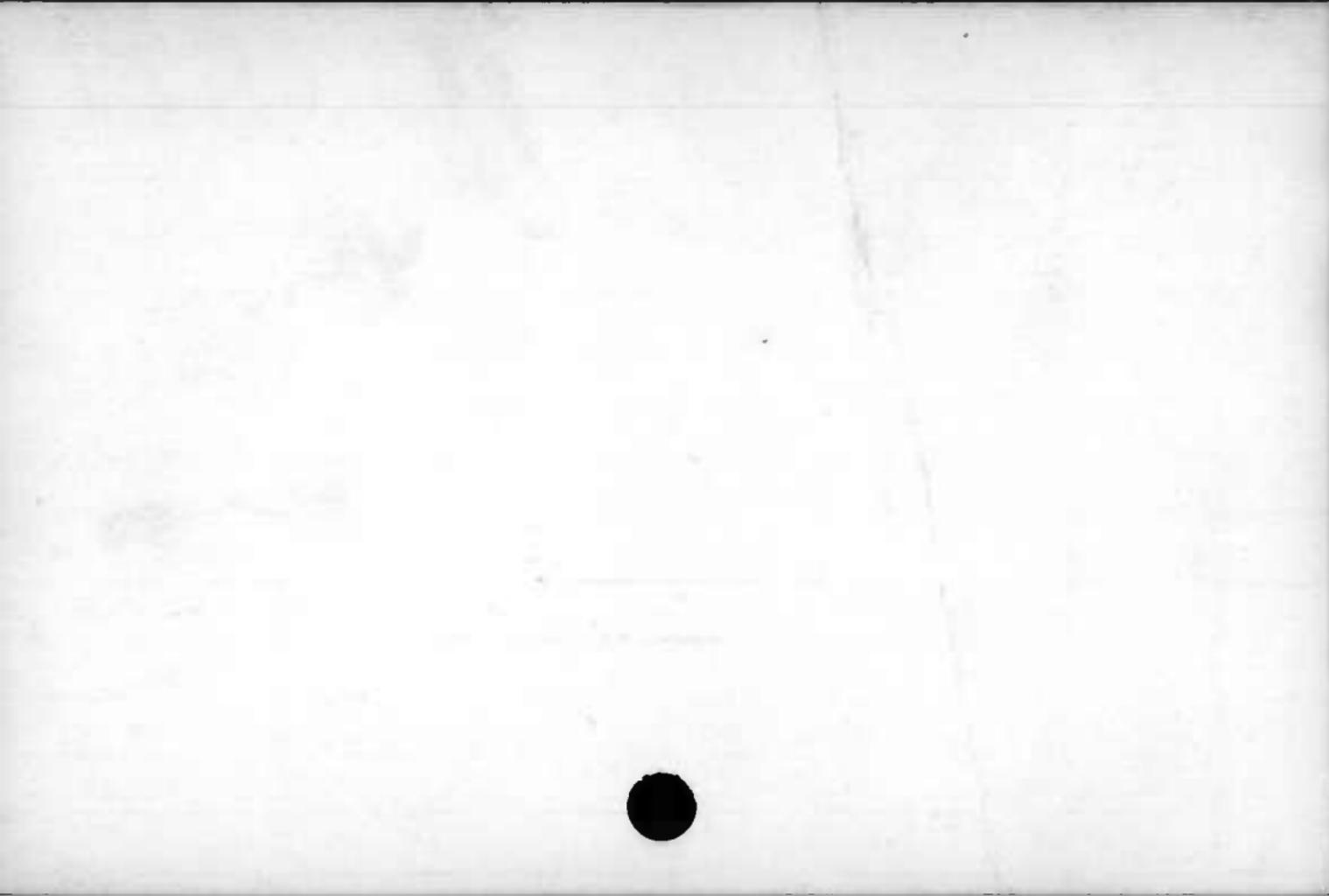
Died at <u>Middle River</u>		Town <u>Baltimore</u> County		MARYLAND		
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>15</u>	Age <u>56</u>	Years <u>56</u>	Months <u>11</u>	Days <u>11</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Md</u>				
Occupation <u>Merchant</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Sadie Brian</u>					
Father's Name	Father's Birthplace					
Mother's Maiden Name	Mother's Birthplace					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

Primary	<u>Natural causes</u>	How long
Immediate	<u>probably appendicitis</u>	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
<u>Yes</u>		Address

Accident or Suicide?

No William J. Gerken as per
LIBRARY BUREAU ASSIST



Name
in
Full

Thomas Nelson Bull of

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Corbett		Town Baltimore		County		MARYLAND	
Date of death 1905	Month Dec	Day 27	Age 65	Years		Months ,	Days
Sex	Color or Race	White		Birth- place		Baltimore Co	
Occupation Farmer	Where Residing if not at place of death						
Married, Single or Widowed Widower	Name of Wife or Husband Elizabeth						
Father's Name James Bull				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving Information B. H. Bull				How related to deceased		son.	

CAUSES OF DEATH

Primary	Aortic Stenosis	How long 3 years
Immediate		How long

Are the name, age, sex, color, date
and place correctly given above?

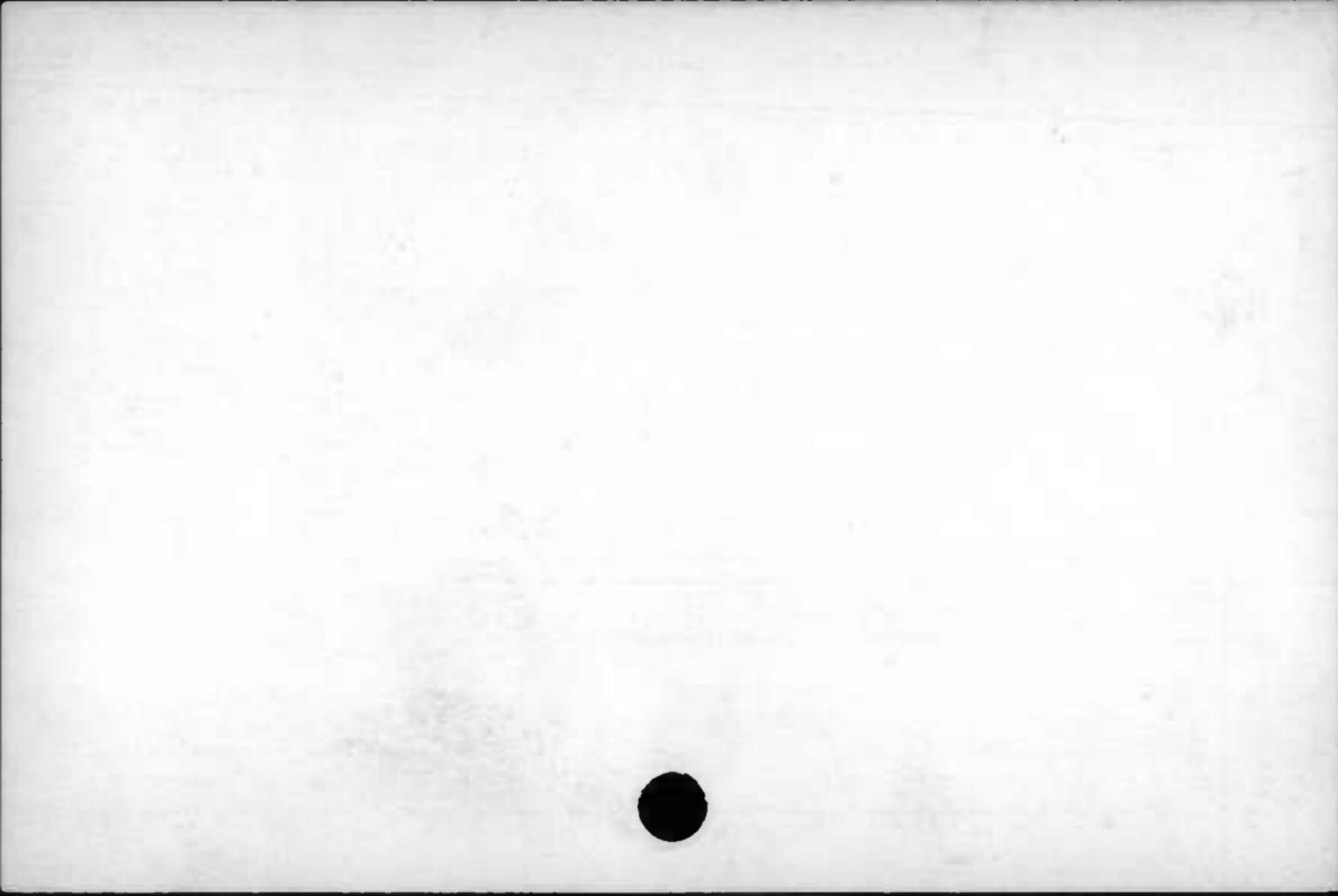
Signature of
Physician

Address

T. Ross Payne M.D.
Corbett
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Dysie Campbell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died ^{near} ^{Town} Wright's old mill Baltimore County				MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	Dec	25	80		
Sex	Male	Color or Race	Colored	Birth-place	Balt. Co., Md.
Occupation	Laborer			Where Residing if not at place of death	
Married, Single or Widowed	Married	Name of Wife or Husband	Margaret Rogers		
Father's Name	Dysie Campbell			Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	Margaret Campbell			How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dementia



How long

Immediate

Asthenia

How long

Are the name, age, sex, color, date and place correctly given above?

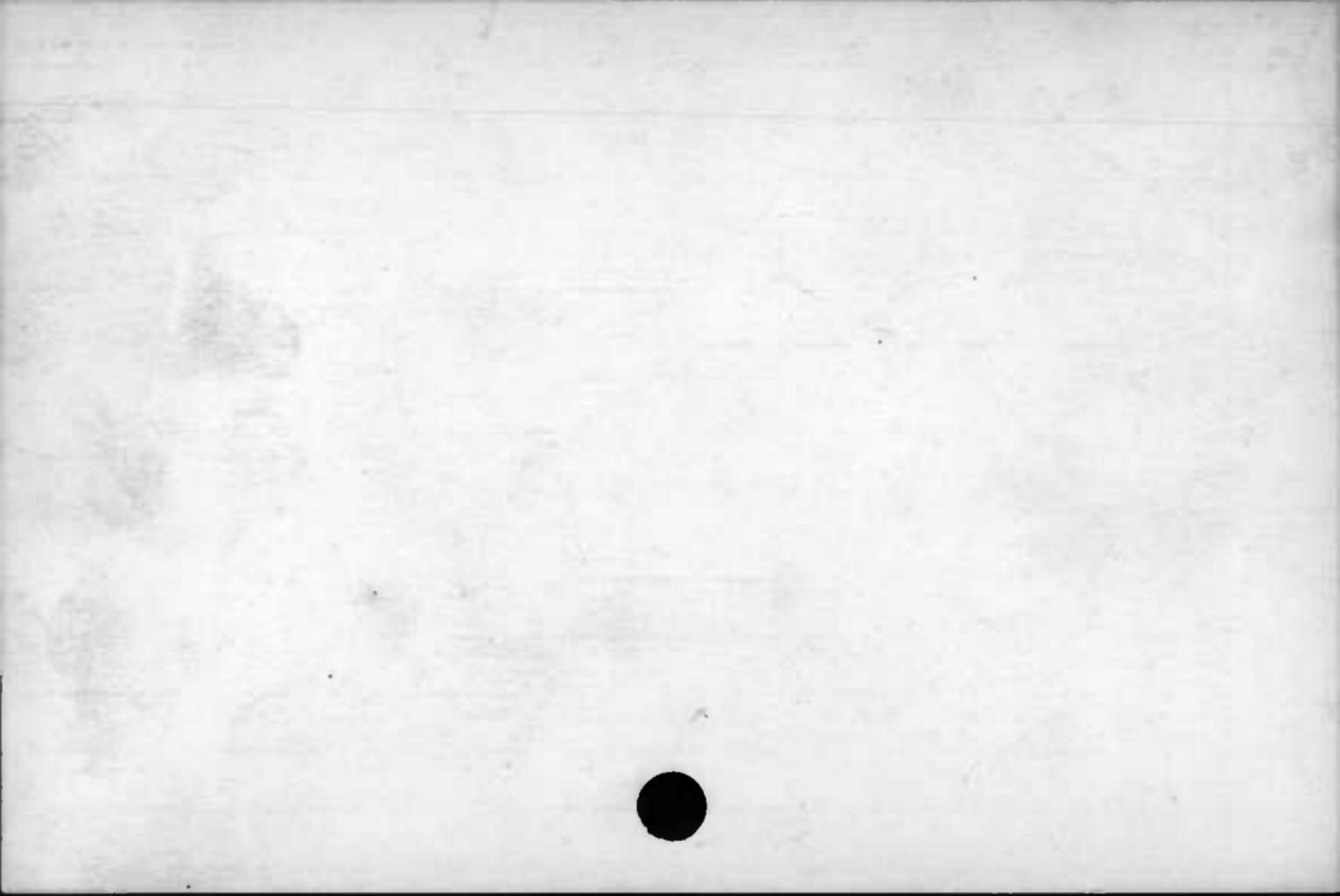
Yes

Signature of Physician

Address

Wm B. Campbell
Albion, Md.

Accident or Suicide?



Name
in
Full

Frances M. Campbell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at		Green Spring Valley	Baltimore				
Date of death	Month	Day	Years	Age	Months	Days	
1905	12	13	46	46	4	14	
Sex	Female	Color or Race	White		Birth- place	Baltimore, Md.	
Occupation	None	Where Residing if not at place of death		At place of death			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	James Smalley Campbell		Father's Birthplace	Scotland			
Mother's Maiden Name	Ann Vernon		Mother's Birthplace	Ireland			
Name of person giving Information	J. Vernon Campbell		How related to deceased	Brother.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer of Stomach

How long

About 4 months

How long

Immediate

Gastric Hemorrhage

2 weeks.

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Charles O'Donnell

Address

108. Reed St

Accident or Suicide?

by -

H. W. Mearns.

Government

Name
in
Full

E. H. S. Choate

CERTIFICATE OF DEATH

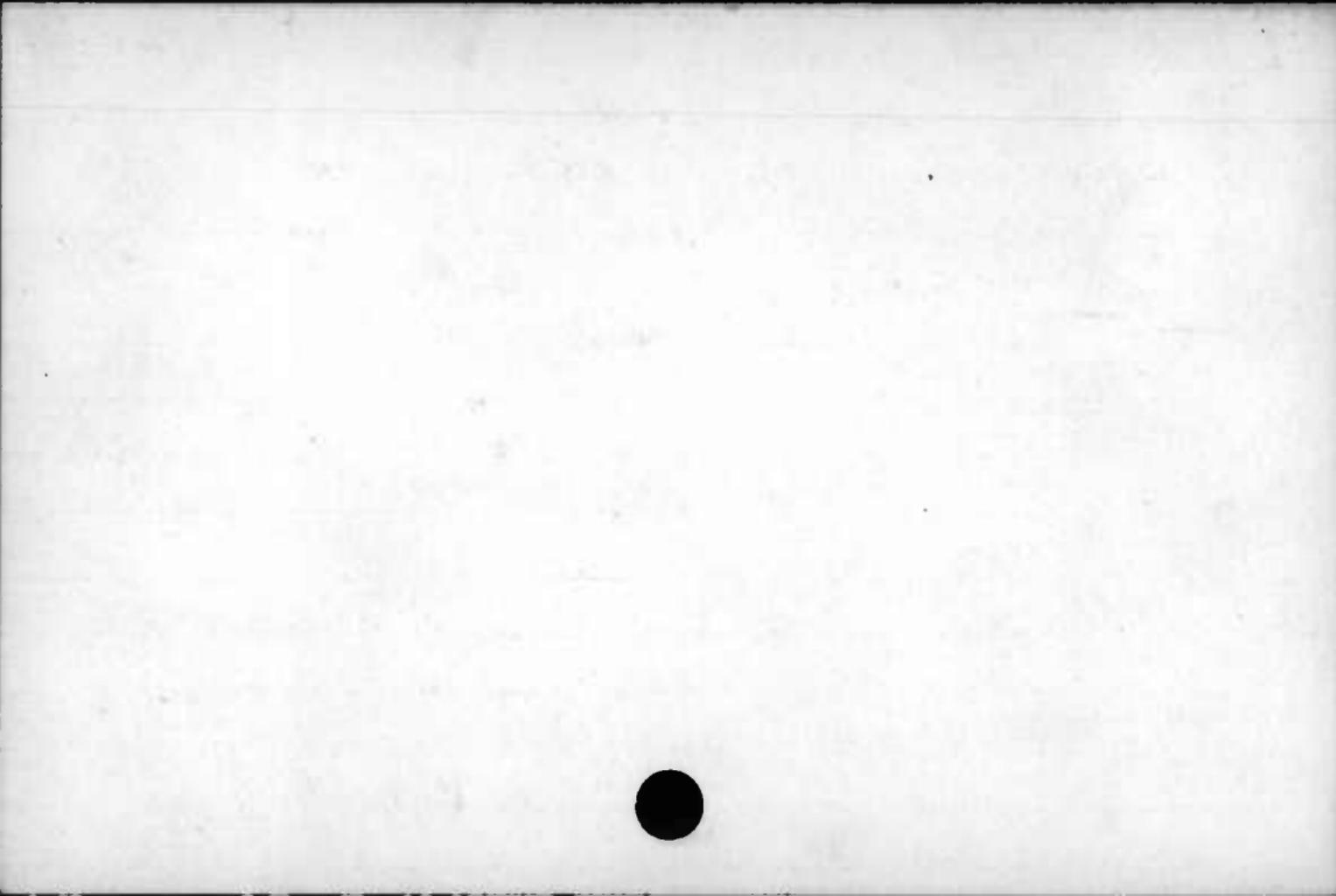
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Randallstown	Baltimore			
Date of death	Month	Day	Years	Months	Days
1905	12	11	63.	5	9
Sex	Male	Color or Race	White	Birth-place	Md
Occupation			Where Residing if not at place of death	Randallstown	
Married, Single or Widowed	Name of Wife or Husband		Maggie Shipley		Balto, Co.
Father's Name	Richard Choate.		Father's Birthplace		
Mother's Maiden Name	Ann Jane Pearce		Mother's Birthplace		
Name of person giving information	Dr. P. Choate, Jr.		How related to deceased	Brother.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Hypertension & Pneumonia		How long	21 years or more
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Horace Maylor	
		Address	P. T. K.ville	
Accident or Suicide?			Md	



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at Catoctinville		Town Catoctinville		County Baltimore		MARYLAND	
Date of death 1905	Month October	Day 12	Age 69 th	Years 69	Age 69 th	Months	Days
Sex Male	Color or Race White			Birth- place Germany			
Occupation Buddies & Kate Import		Where Residing if not at place of death Baltimore					
Married, Single or Widowed Widow	Name of Wife or Husband						
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving Information Mrs E. Cane					How related to deceased		

CAUSES OF DEATH

Primary *No work as gruare bookbinder* How long

Immediate *Coronel Heart Disease* How long *one week*

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

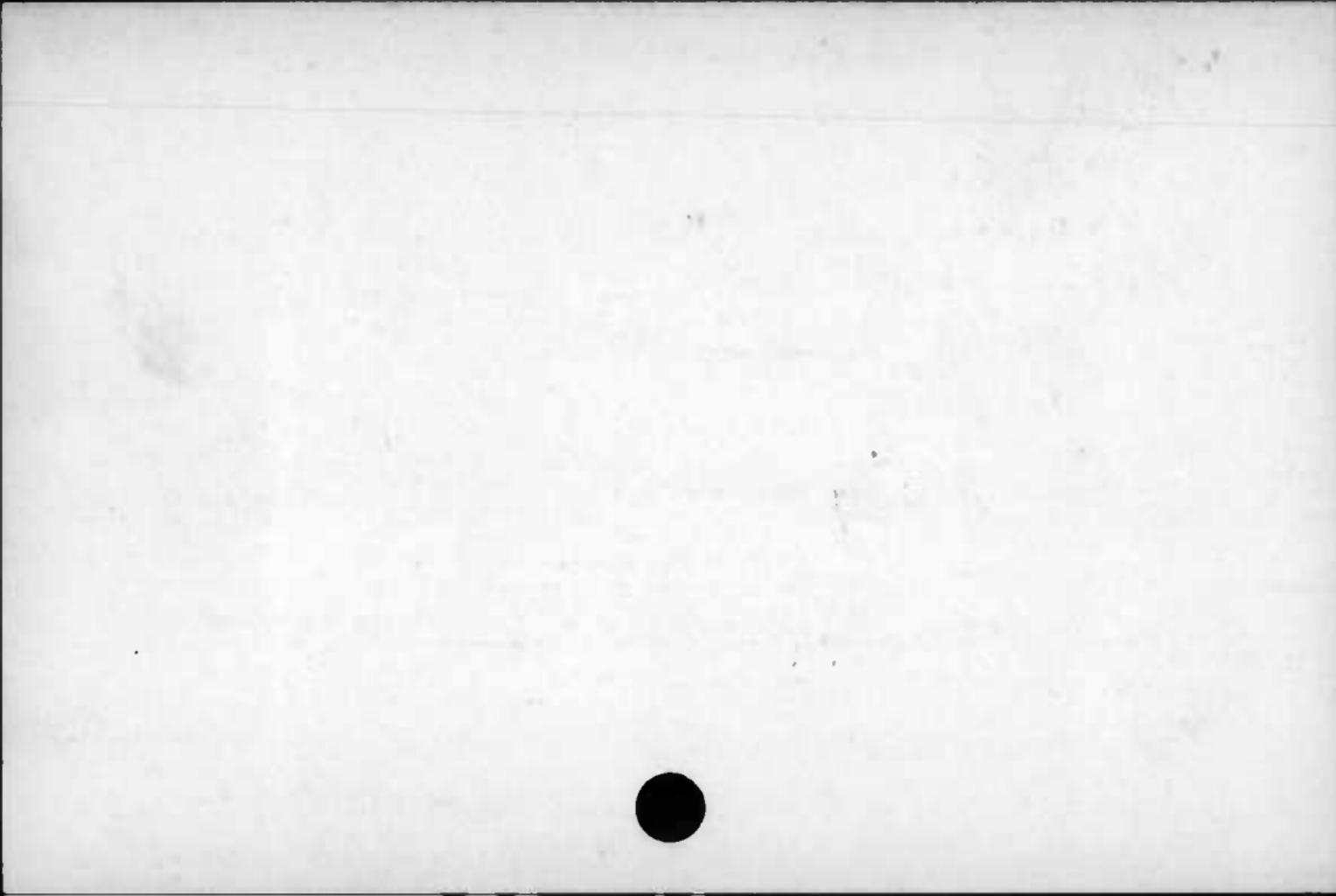
Signature of
Physician

Address

P. J. Gaudry
Catoctinville

Accident or Suicide?

No



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary de Courcy

Town

County

MARYLAND

Died at Mt Hope Retreat Baltimore

Date of death 1905 Month Dec Day 27 Years Age 73 Months Days

Sex Female Color or Race White

Birth-place Ireland

Occupation

Where Residing if not
at place of death

Religious - Sister of Charity

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

"

Mother's
Birthplace

"

Name of person giving
Information

Reeds of Mt Hope

How related
to deceased

Not at all

CAUSES OF DEATH

Primary

Broncho-Pneumonia

How long

3 or 4 days

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

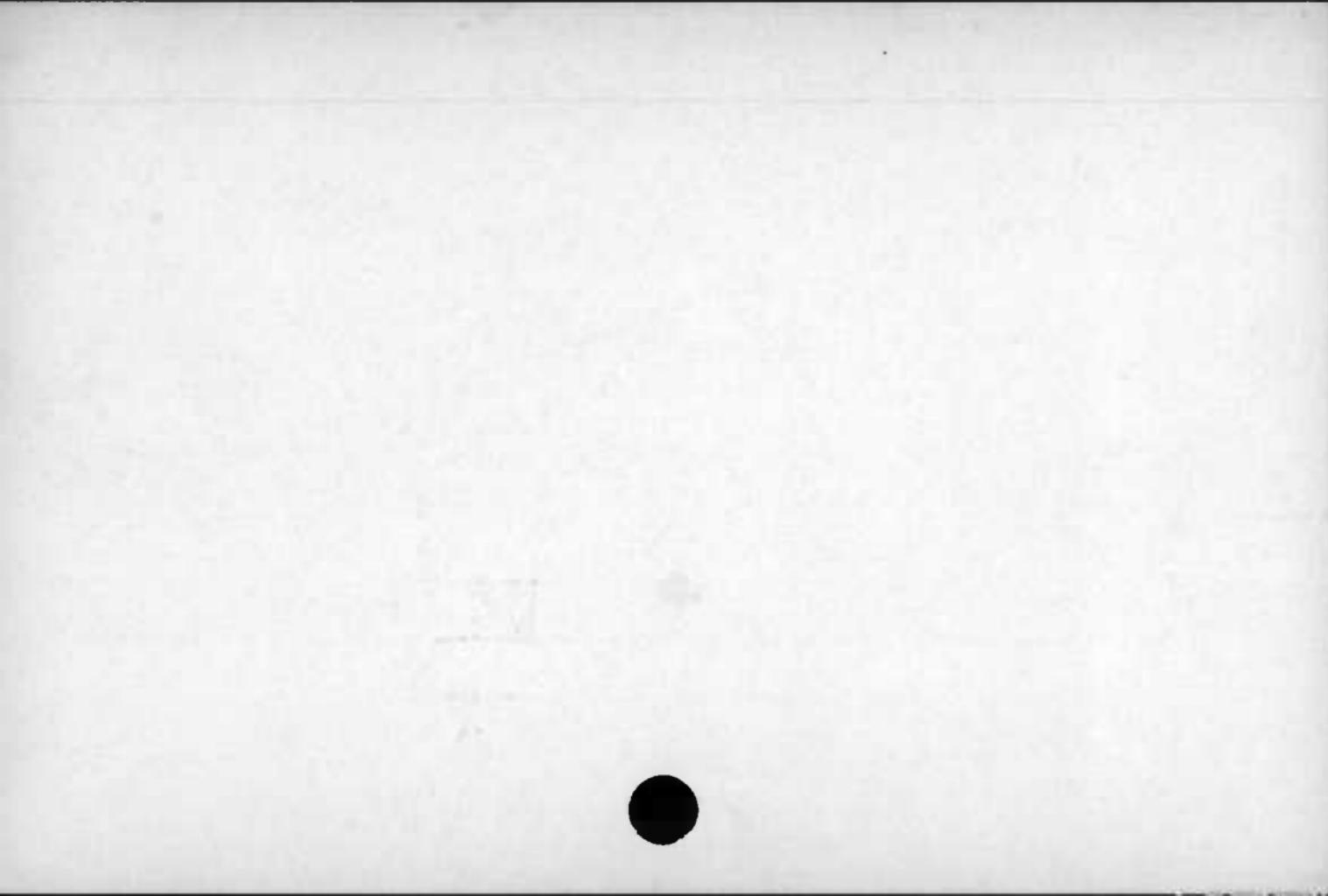
Frank J. Flanney MD

Address

MT Hope Retreat

Baltimore Co - Md

Accident or Suicide?



Name
in
Full

Mary Taylor Crocker

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Dec	Day	19	Years	68
Sex	Female	Color or Race	white		Birth-place	Maryland
Married, Single or Widowed	Single	Occupation	none			
Name of Wife or Husband	none					
Father's Name	Emanuel Crocker			Father's Birthplace	Maryland	
Mother's Maiden Name	Katherine Griffith			Mother's Birthplace	Pennal	
Name of person giving information	E. G. Crocker, Charles St. are					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pernicious Anemia

How long

9 months

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

A. Lane Taneyhill MD

1103. Madison, are

Accident or Suicide?

Evans & Spence
Greenmount Cemetery

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at <u>Edison</u> (Brent Ave)				County <u>Baltimore</u>	MARYLAND	
Died at	Town	Month	Day	Years	Months	Days
Date of death	1905	6th	2	15		
Sex	Male	Color or Race	white	Birth-place	Md.	
Occupation	Schoolboy	Where Residing if not at place of death			Brent Ave	
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Widowed	<input checked="" type="checkbox"/> Wife of Husband					
Father's Name	<u>David R. Day</u>			Father's Birthplace	Md.	
Mother's Maiden Name	<u>Mattie E. Miller</u>			Mother's Birthplace	Md	
Name of person giving information	<u>Stanley Day</u>			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Pneumonia & Appendicitis</u>	How long	<u>2 Months</u>
Immediate	<u>Septic (Auto-infection)</u>	How long	<u>10 days</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>J. Gaston Chas. M. D.</u>
		Address	<u>Edison Ave.</u>

Accident or Suicide?

^{Miss.}
Gorams, Cem.

Jay Burroughs
Towson

Name
in
Full

Martin De Baer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St. Olives</u> Town		County <u>Baltimore Co</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec.</u>	Day <u>9</u>	Years <u>22</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>Baltimore Md</u>	
Occupation <u>None</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Jacob De Baer</u>				Father's Birthplace <u>Holland</u>	
Mother's Maiden Name <u>Emma Cohen</u>				Mother's Birthplace <u>Germany</u>	
Name of person giving information <u>Harry H. De Baer</u>				How related to deceased <u>Brother</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Epilepsy

How long

16 years

Immediate

anti-Mania

How long

3 yrs.

Are the name, age, sex, color, date and place correctly given above?

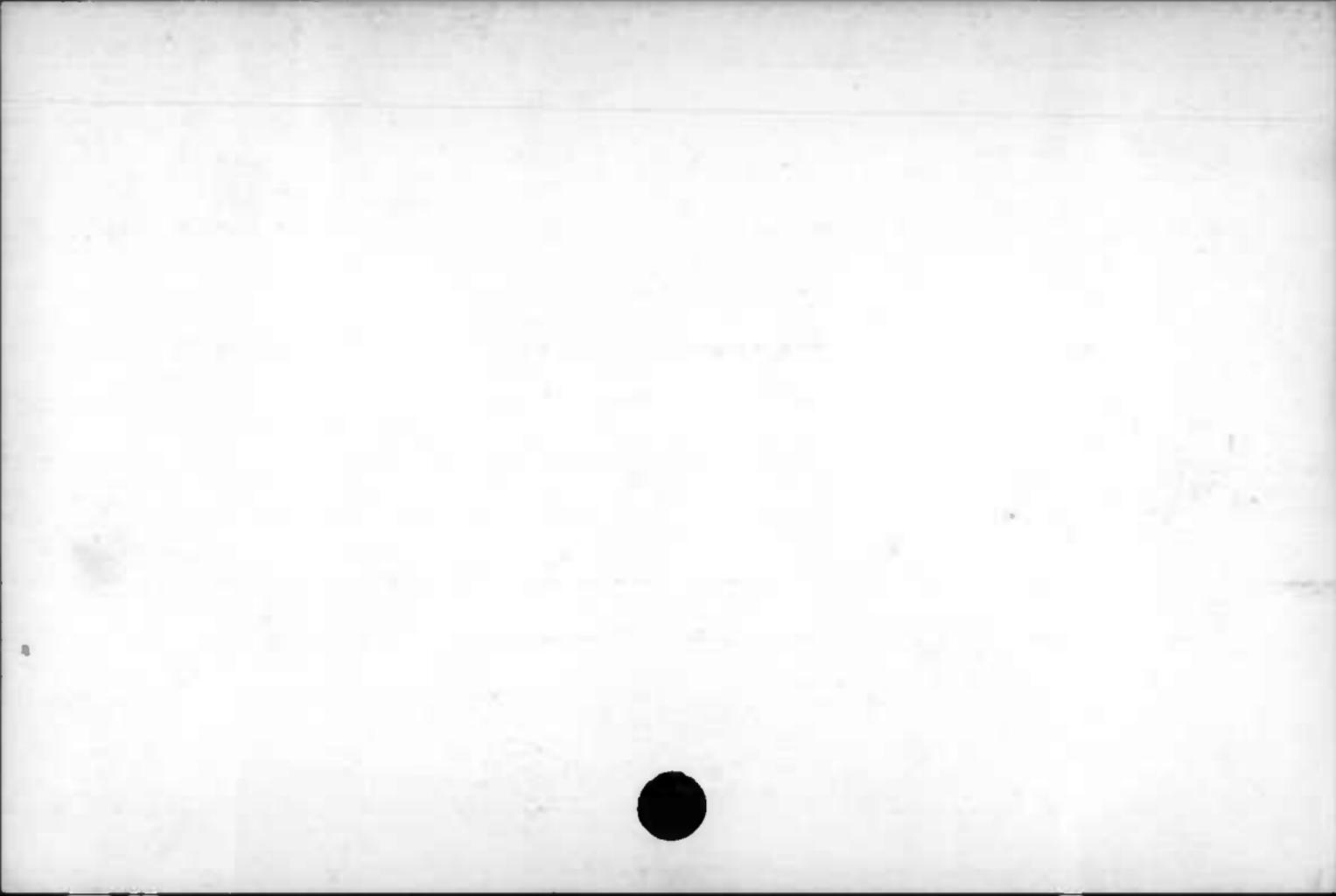
yes

Signature of Physician

Address

Oliver H. Murphy
St. Olives

Accident or Suicide?



Anna Rebush

Town

Westport

County

Baltimore

MARYLAND

Died at

Month

Day

Y. M. D.

Native of

Date 1903

Dec. 23

Age 59 5 1st

Germany

Occupation

Housewife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Gerlach Rebush

Wife

Fether's

Name

Cause of

Primary

General cardiac failure & tumor
of intestines, probably cancerous

How long sick

since Sept. 17 1903

Death

Immediate

Pulmonary Edema

Accident, Suicide, Homicide

Reported by

Dr. C. C. Branin

Address

400 Hanover St.

Must be signed by physician, if any in attendance, otherwise by ~~com~~, undertaker or minister.

Jr. Sturtevant & Son
Woburn

Name
in
Full

Marantourina Demarco

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at	Town	County	MARYLAND	
Died at	Canton	Baltimore	Months	Days
Date of death	Month	Day	Years	
1905	Dec	5 1/2	76	
Sex	Female	Color or Race	White	Birthplace
Occupation	Housewife		Where Residing if not at place of death	
Married, Single or Widowed	Widow	Name of Wife or Husband	Louis Demarco	
Father's Name	Christopher Demarco		Father's Birthplace	Italy
Mother's Maiden Name	Maria Domenick		Mother's Birthplace	Italy
Name of person giving information	Michael Demarco		How related to deceased	Son

CAUSES OF DEATH

Primary Acute Catarrhal Enteritis How long 10 days

Immediate "

How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

No

H. L. Beckard M.D.
710 S. Canton St., Baltimore

St Patrick's Cemetery

Dec. 6th 1905

Germannus Hanr

undertaker

Name
in
Full

Jannie Diggs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Baltimore		County	Co		MARYLAND
Date of death	Month	Day	Age	Years	Months	Days	
Sex	Female	Color or Race	White		Birth-place		Md -
Occupation	None - Housework		Where Residing If not at place of death	614 N. Fulton ave -			
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	unknown			Father's Birthplace	unknown		
Mother's Maiden Name	"			Mother's Birthplace	"		
Name of person giving Information	Reeds Mt Home Retreat			How related to deceased	not at all -		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile Mania - 15

How long

3 or 6 wks

Immediate

Ex. L. Hemiplegia

How long

24 hrs -

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

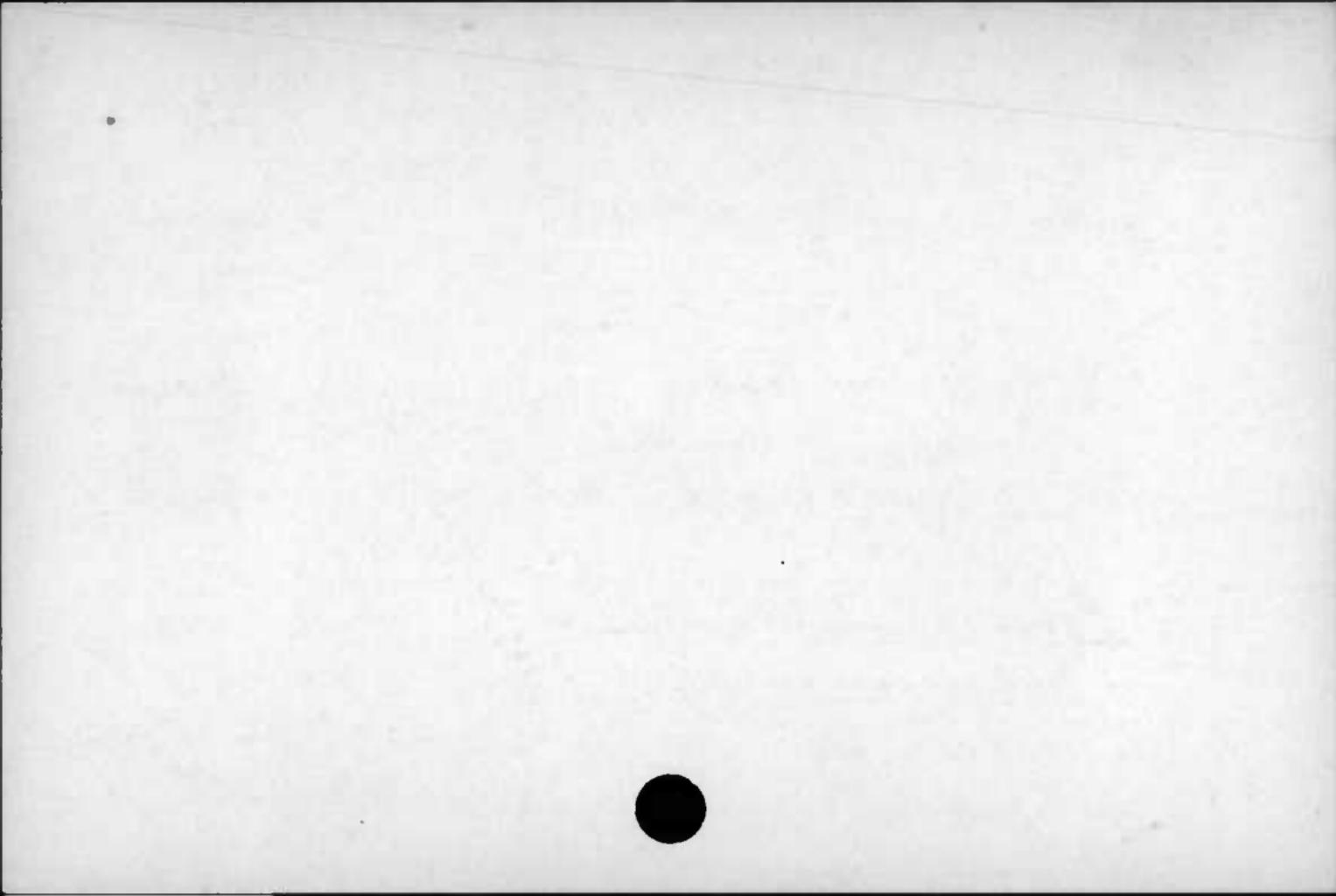
Frank J. Flanery

Address

Mt Hope Retreat

Baltimore Co Md -

Accident or Suicide?



Name
in
Full

Infant (unnamed) Dobson (M. M.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Stevenson

Town

County

MARYLAND

Date

of death

1906

Month

12

Day

26

Age

~~18~~

18 hours

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Stevenson

Occupation

now

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife
or Husband

Father's
Name

John Dobson

Father's
Birthplace

Van

Mother's
Maiden Name

Esteban Summell

Mother's
Birthplace

N.C.

Name of person giving
Information

Father (John Dobson)

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature birth

How long

(7 mos)

Immediate

Inanition

How long

18 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

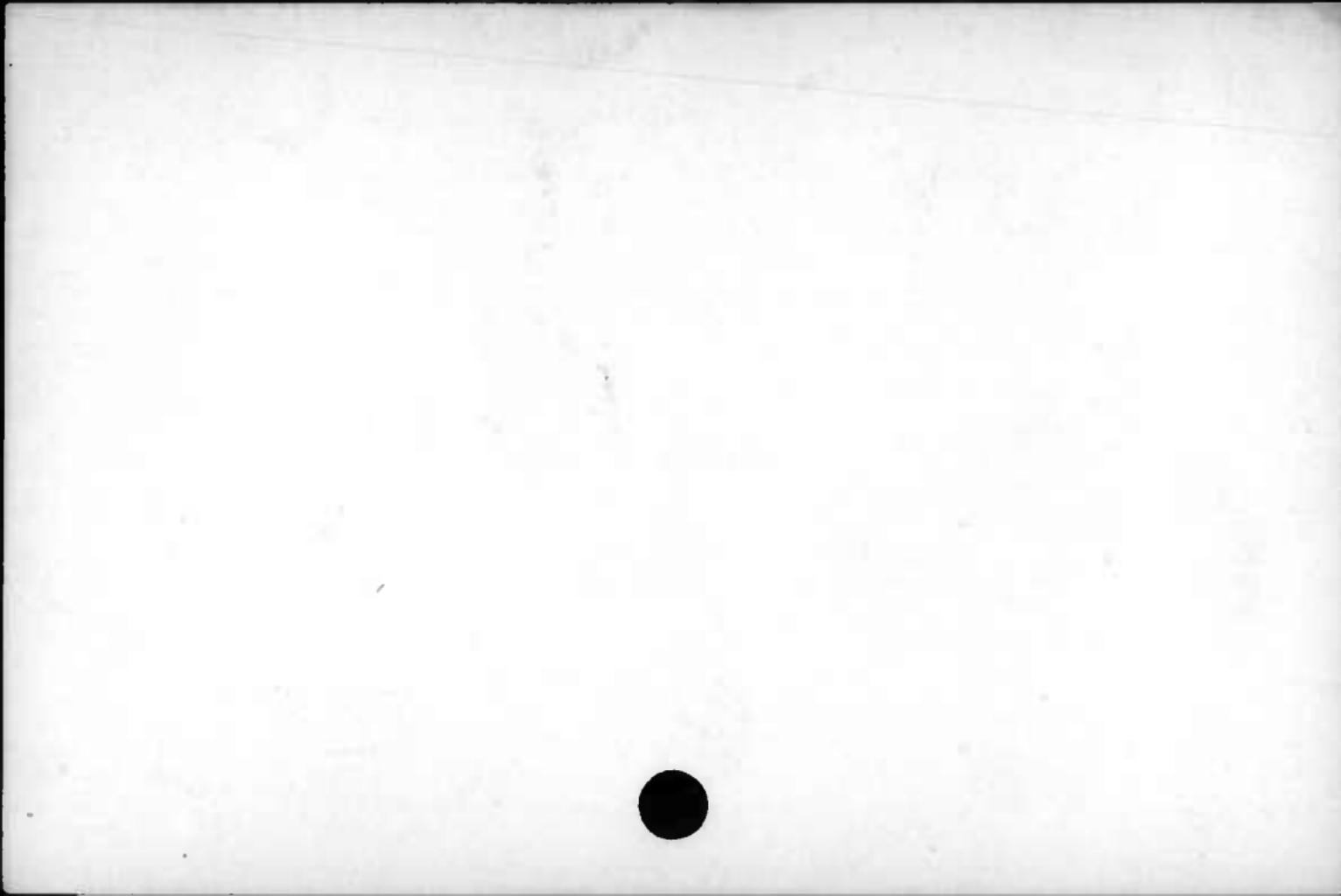
Signature of
Physician

Address

W. Louis Mayor

Pittsfield Md

Accident or Suicide?



Name
in
Full

Louis Bobb

CERTIFICATE OF DEATH

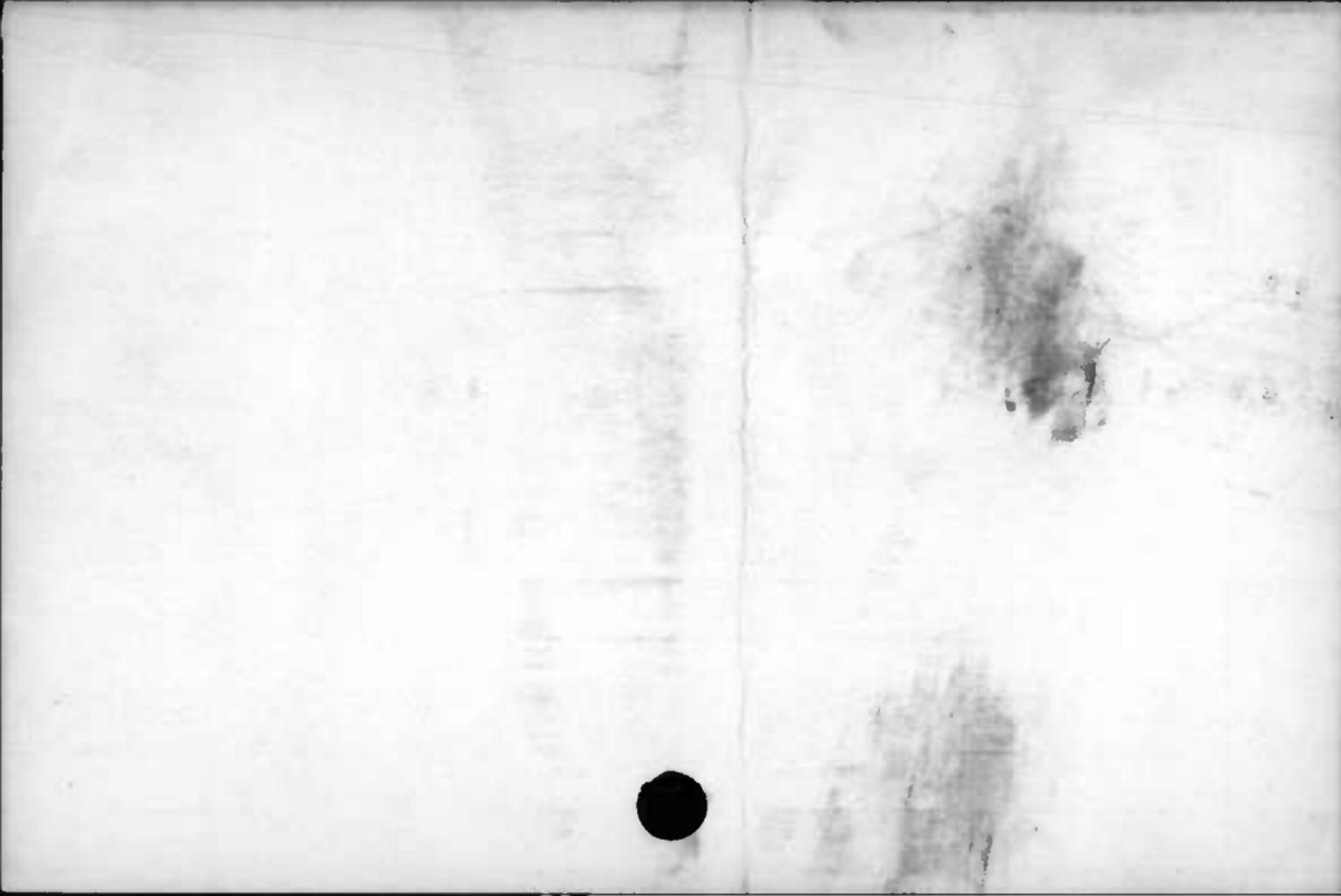
To BE ANSWERED BY
NEAREST FRIEND

Died at Walters		Town Baltimore		County Baltimore		MARYLAND	
Date of death 1905		Month Dec	Day 13	Age 78	Years 78	Months 9	Days Ohio
Sex Male		Color or Race white		Birth- place Ohio			
Occupation Busle Compt		Where Residing if not at place of death					
Married, Single or Widowed Widower		Name of Wife or Husband					
Father's Name John K. K. K.						Father's Birthplace	
Mother's Maiden Name Doris Luxor						Mother's Birthplace	
Name of person giving Information Sophia Robinson						How related to deceased Daughter	

CAUSES OF DEATH

Primary	Rheumatism Arthritis La Gripp		How long 6 mos
Immediate	Arthritis		How long 10 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician J. H. Harmon	Address Middle River Md
Accident or Suicide? no			

PHYSICIAN
OR CORONER



Name
in
Full

Still Born Donohue, M.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race		Age		Birth-place	
Occupation			Where Residing if not at place of death		<input checked="" type="checkbox"/>	
Married, Single or Widowed	Name of Wife or Husband		<input checked="" type="checkbox"/>			
Father's Name	<u>Michael Donohue</u>				Father's Birthplace	
Mother's Maiden Name	<u>Annie Bridenbaugh</u>				Mother's Birthplace	
Name of person giving information	<u>Michael Donohue</u>				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Still Born</u>	<u>S.</u>	How long
Immediate	<input checked="" type="checkbox"/>		How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. S. Green
Gittings Md.

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Joseph N. Doubtless

CERTIFICATE OF DEATH

Died at <u>Cold Spring</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>12</u>	Day <u>3rd</u>	Years <u>one</u>	Months <u>2</u>	Days <u>15</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Baltimore</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name <u>Edward Doubtless</u>	Father's Birthplace <u>Maryland</u>				
Mother's Maiden Name <u>Katharine Shufeld</u>	Mother's Birthplace <u>Maryland</u>				
Name of person giving information <u>Father</u>	How related to deceased <u>8</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Chronic Ulceration

How long

about 12 months

Immature

Organic Debility

How long

two months

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

John Barron MD
Governor's Town
Baltimore

Accident or Suicide?

St. Peters Cemetery
Martin Fahey & Sons
undertakers

This baby was delivered
at Fahey's Hospital
Jan. 11, 1880,

88

Name
in
Full

Matthew W. L. Eckert

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Phoenix		Town Phoenix		County Baltimore		MARYLAND	
Date of death 1905	Month 12	Day 31	Age 3	Years 3	Months 4	Days 11	
Sex Male	Color or Race White	Birth- place Phoenix					
Occupation		Where Residing if not at place of death					
Married, Single or Widowed —	Name of Wife or Husband —						
Father's Name Joseph F. Eckert			Father's Birthplace				
Mother's Maiden Name Ellen W. Fowles			Mother's Birthplace				
Name of person giving Information Joseph F. Eckert			How related to deceased Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary
Burn

How long

Immediate
Blood Poison

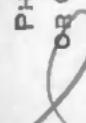
How long

10 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

J. J. Payne



Yes

Address

Phoenix
Baltimore Co. Md

Accident or Suicide?



Name
in
Full

Frank Russell Elliott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Atta White Ball		County Baltimore		MARYLAND		
Date of death	Month 10	Day 14	Years 5	Months 3 mo.	Days	
Sex Male	Color or Race white			Birth- place Baltimore		
Occupation /	Where Residing if not at place of death					
Married, Single or Widowed -	Name of Wife or Husband					
Father's Name a James Elliott			Father's Birthplace Baltimore			
Mother's Maiden Name Amelia A. Whaler			Mother's Birthplace Stanford Co			
Name of person giving Information a James Elliott			How related to deceased Halter			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Burns of upper left,
Shoulder

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

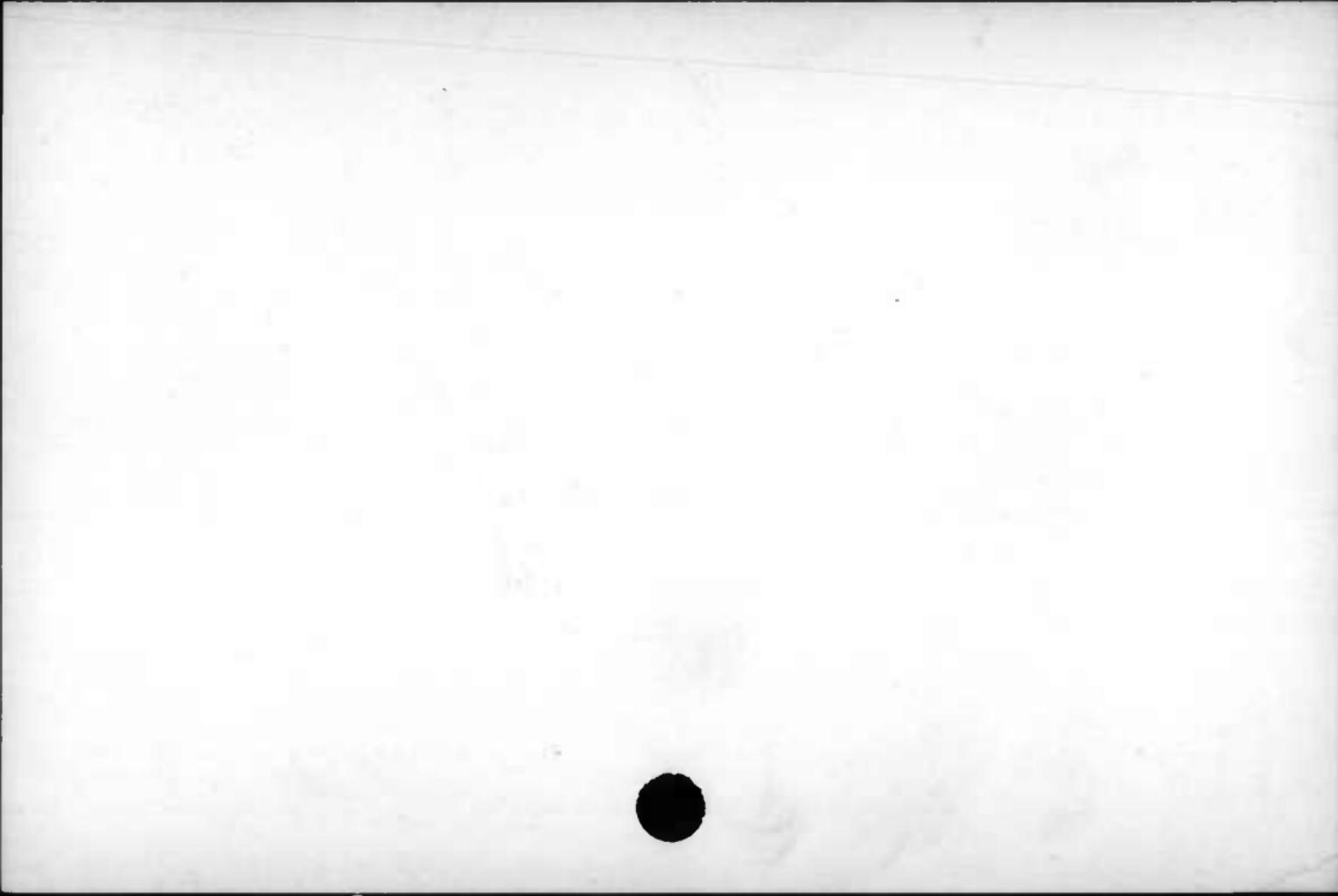
Signature of
Physician

J. R. Payne

Address

Corbett

Accident or Suicide?



Name
in
Full

Sarah Elizabeth Elligson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Golden Ring	Baltimore	Months	Days	
Date of death	1905	Month	24	Years	59.
Age		Day		Months	2
Sex	Female	Color or Race	White	Birth-place	
Occupation	Housewife		Where Residing if not at place of death	Golden Ring	
Married, Single or Widowed	Married	Name or Wife or Husband	Julius Elligson		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	John Elligson		How related to deceased	Son	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cerebral apoplexy.		How long	instant
Immediate	Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Ed. J. Hermann Coroner
			Address	Rossville
				Baltimore, Md.
Accident or Suicide?				



Name
in
Full

Leonard L. Esterline

CERTIFICATE OF DEATH

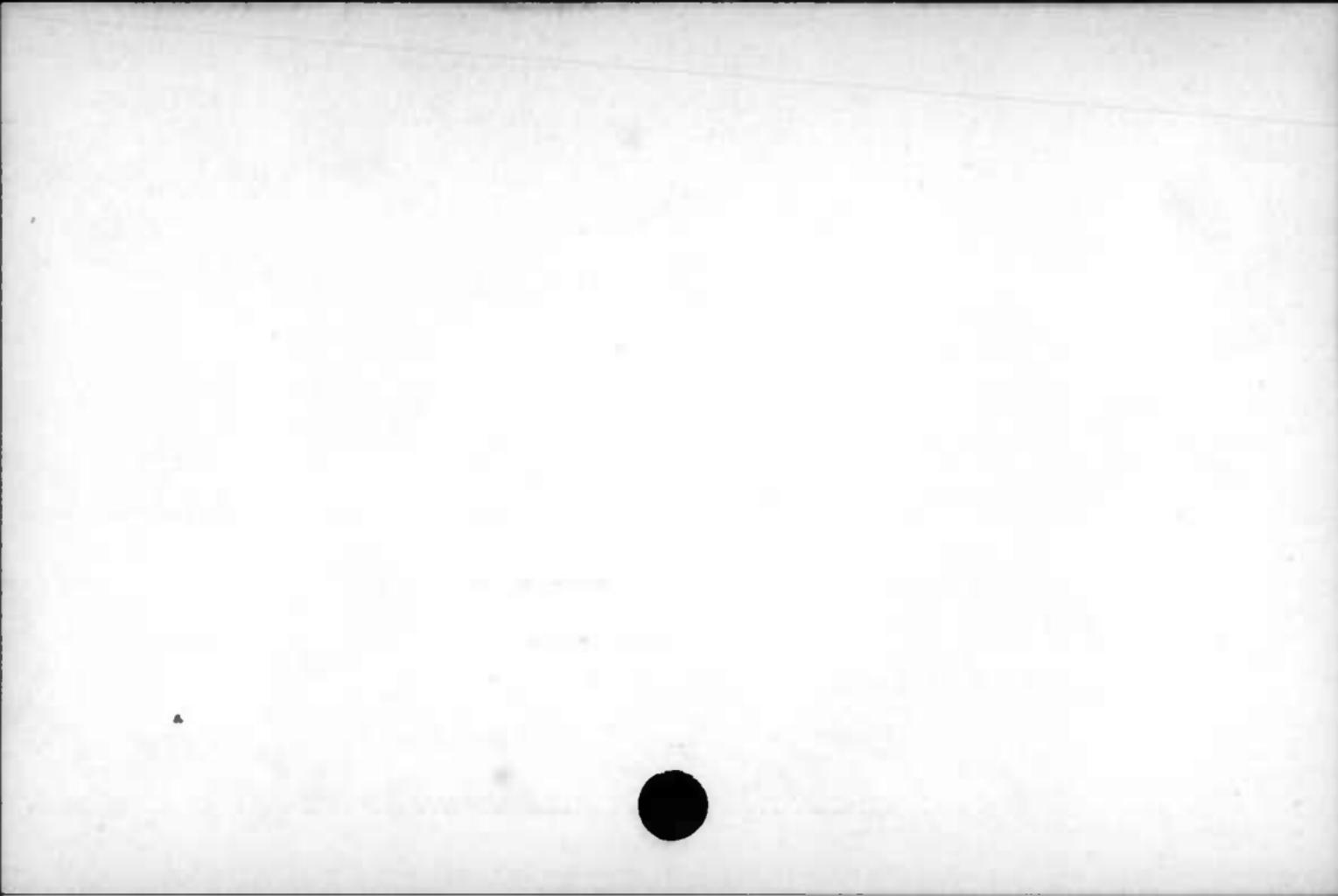
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death 1906	Month	Day	Years	Age	Months	Days
Sex	Male	Color or Race	White	Birth-place	Hanover Pa	
Married, Single or Widowed	Single		Occupation	Superintendent in Tea Store		
Name of Wife or Husband						
Father's Name	George Esterline			Father's Birthplace	Hanover Pa	
Mother's Maiden Name	Elizabeth V. Haeller			Mother's Birthplace	Baltimore Md.	
Name of person giving information	Harry L. Esterline			How related to deceased	Brother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tubercular Laryngitis		How long	Six Months
Immediate	Inanition		How long	8 to 10 days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	A. B. Ulrich
			Address	Mount St. Md.
Accident or Suicide?				



Name
in
Full

Sarah E Figgs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1905	Month Dec	Day 9	Years 58	Months — Days —
Sex	Female	Color or Race	Coloured	Birth-place	M. d
Occupation	House wife	Where Residing if not at place of death			
Married, Single or Widowed	widow	Name of Wife or Husband	Lewis. m. Figgs		
Father's Name	John	Wall	Father's Birthplace	m. d	
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information	Bertha Bailey				How related to deceased
CAUSES OF DEATH					
Primary	Cancer				How long about 2 years
Immediate	Heart failure				How long 24 hours

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address
		W. H. Campbell	
		Owings Mills, Md	
Accident or Suicide?			



Name
in
Full

Infant of Anna L & Chas A Foster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death 190	Month	Day	Years	Months	Days		
Sex	Male		Color or Race	White		Birth-place	Arlington,
Married, Single or Widowed	Infant		Occupation	none.			
Name of Wife or Husband							
Father's Name	Chas A Foster		Father's Birthplace	Washington DC			
Mother's Maiden Name	Anna L Walters		Mother's Birthplace	Baltimore			
Name of person giving Information	Chas A Foster		How related to deceased	Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia of Mother C.		How long	1 day.
Immediate	Dyspnea.		How long	hour.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	M. W. Foster MD	
		Address	1600 30th Street Arlington.	
Accident or Suicide?				



Name
in
Full

Infant of Anna L & Charles A Foster.

CERTIFICATE OF DEATH

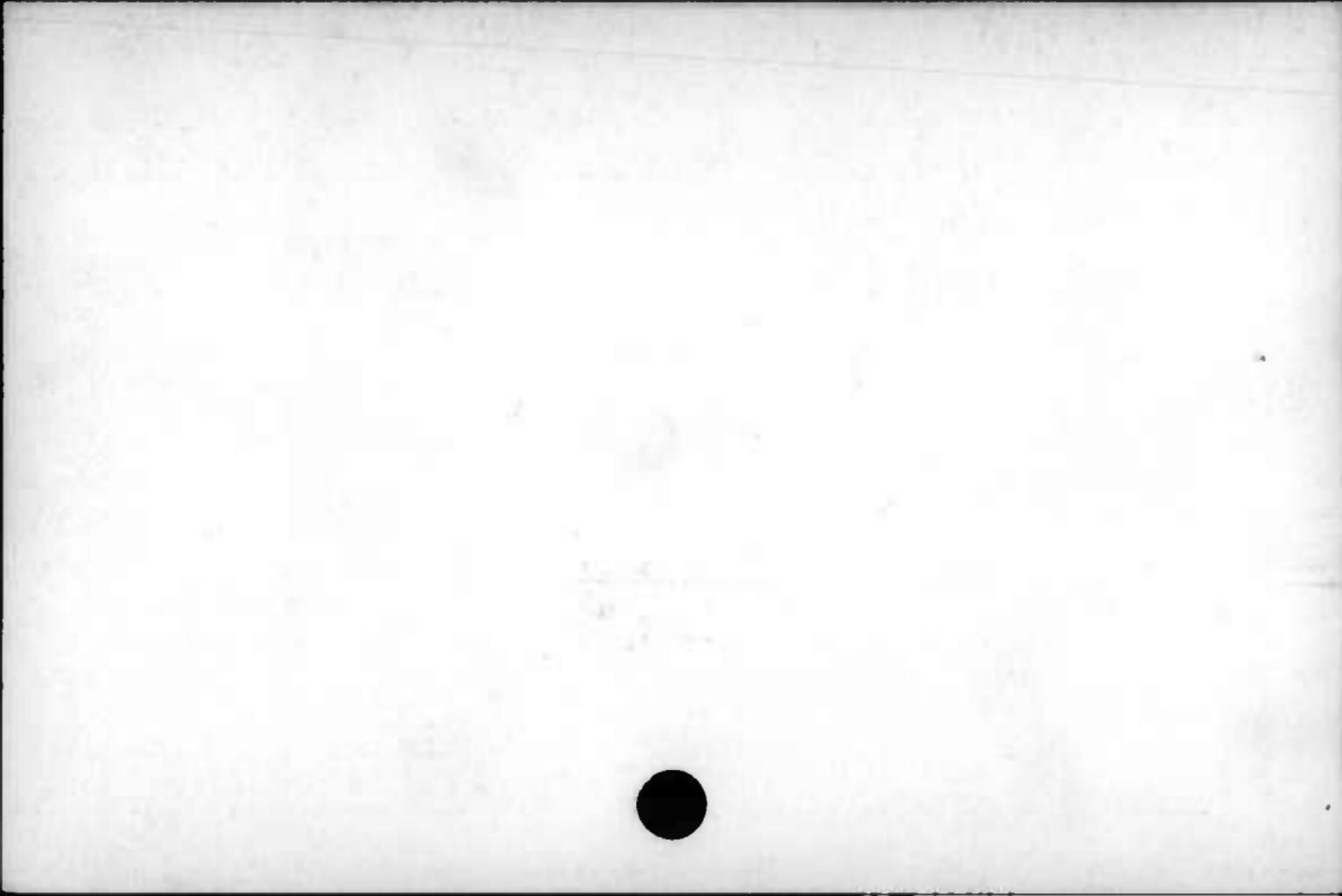
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1905	Month Dec	Day 20	Age	Years Stillborn	Months
Sex	Color or Race	Birth-place	Days		
Married, Single or Widowed	Occupation	name.			
Name of Wife or Husband					
Father's Name	Chas A Foster		Father's Birthplace	Washington D.C.	
Mother's Maiden Name	Anna L Waller		Mother's Birthplace	Balt Md	
Name of person giving Information	Chas A Foster		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Respiratory of Mother	How long
Immediate	Syphilitic.	1 day, hours.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
Yes.	Address	W. W. Coopland, Arlington.
Accident or Suicide?		



Name
in
Full

Susan S. Fraaee

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Died at	Govanstown		Baldo.			
Date of death	190	Month Dec.	Day 11	Years 81	Months 8.	Days 4
Sex	Female	Color or Race	white		Birth-place	Pa.
Occupation				Where Residing if not at place of death	Govanstown Balds.	
Married, Single or Widowed	widow	Name of Wife or Husband	Joseph Fraaee			
Father's Name	Hump Strickler			Father's Birthplace	Pa.	
Mother's Maiden Name	Eliz. Stayman			Mother's Birthplace	Pa.	
Name of person giving information	Rev. Hump Fraaee			How related to deceased	Son	

PHYSICIAN
OR CORONER

[Signature]

665

CAUSES OF DEATH

Primary

Pneumonia

How long

5 day

Immediate

Exhaustion

How long

[Signature]

Are the name, age, sex, color, date and place correctly given above?

yes.

Signature of Physician

Address

Rev. Hump Fraaee
Sta. 14
Balto. Md.

Accident or Suicide?

Madison

Mitchell

undertaker 1201

Mount Olive Cemetery
W. Fayette St

Name
in
Full

Samuel Fuhrman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Stiltz</u>		Town		County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec.</u>	Day <u>9th</u>	Age <u>89</u>	Years <u>89</u>	Months <u>9</u>	Days <u>17</u>	
Sex <u>Male</u>	Color or Race <u>White</u>	Occupation <u>Widowed Mason</u>		Birth-place <u>Penns.</u>			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>Christinia Fuhrman</u>		Father's Name <u>Henry Fuhrman</u>			Father's Birthplace <u>Unknown</u>	
Father's Name <u>Henry Fuhrman</u>	Mother's Maiden Name <u>Unknown</u>		Mother's Birthplace <u>..</u>			Mother's Birthplace <u>..</u>	
Name of person giving information <u>George Fuhrman</u>	How related to deceased <u>Son</u>						

CAUSES OF DEATH

Primary <u>Old age and senile decay</u>	How long
Immediate <u>Hemorrhage</u>	How long <u>about 3 hrs.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>F. B. Morris M.D.</u> Address <u>Beekleyville</u>
Accident or Suicide? <u>No</u>	

PHYSICIAN
OR CORONER



Name
in
Full

Joseph John Gambill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Dickieville</u> Town		Baltimore County		MARYLAND	
Date of death <u>1905 Dec.</u>	Month <u>29</u>	Day	Years <u>77</u>	Months <u>10</u>	Days <u>16</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>Howard, Co., Md.</u>			
Occupations		Where Residing if not at place of death			
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband			
Father's Name <u>Richard Gambill</u>		Father's Birthplace <u>Anne Arundel Co., Md.</u>			
Mother's Maiden Name <u>Mary Fletcher</u>		Mother's Birthplace <u>Baltimore, Md.</u>			
Name of person giving information <u>Wm Gambill</u>		How related to deceased <u>Nibe</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Cystic Fibrosis - life Tramissive
Cardiac Dilatation.

How long about 19 months

Immediate Syncope

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Leonard Horowitz
Dickieville, Md.

Accident or Suicide?

Baltimore Dec 29/06

Dr. L. L. Matfeldt;

Dear Sir - Kindly grant
permitt to inter the remains
of Joseph Gambrill in
London Park Cemetery,
& oblige yours Respectfully

PS Stewart & Mowar
by return mail please

Name

in
Full

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Francine St. Gorsuch

CERTIFICATE OF DEATH

Died at

Georgie Mills

County

MARYLAND

Date
of death

1905

Month

12

Day

19

Years

78

Months

Days

Sex

Female

Color or
Race

White

Birth-
place

Ind

Occupation

House Wife

Where Residing if not
at place of death

Georgie Mills

Married, Single
or Widowed

Widowed

Name of ~~Wife~~
Husband

John S. Gorsuch

Father's
Name

Jessie L. Marfield

Father's
Birthplace

Ind

Mother's
Maiden Name

Hannah Hollingsworth

Mother's
Birthplace

"

Name of person giving
Information

Jessie Campbell

How related
to deceased

Daughter

CAUSES OF DEATH

Primary

Bronchitis

How long

25 years

Immediate

Dropsy

19

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature
Physician

Address

W.H. Campbell, M.D.

Georgie Mills.

Maryland

Accident or Suicide?

London Park

Michael Hagan

CERTIFICATE OF DEATH

MARYLAND

Died at Highlandtown

County

Baltimore

Town

Month

Day

Age

Years

Months

Days

Date
of death

1905

12

3

Age

Sex

Male

Color or
Race

White

Birth-
place

Md.

Occupation

Where Residing If not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Michael Hagan

Father's
Birthplace

Md.

Mother's
Maiden Name

Minnie Schonewolf

Mother's
Birthplace

Md

Name of person giving
Information

Michael Hagan

How related
to deceased

Father

CAUSES OF DEATH

Primary

Inanition

How long

Immediate

Inanition

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

J. A. Glantz

Premature delivery - 6 mos.

Address

41 Eastern Ave.

Accident or Suicide?



Name
in
Full

Elizabeth Harn

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
19057	Dec	7	90	8	4	
Sex	Color or Race		Birth-place			
Female	White		Maryland			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Ephriam Harn			
Widow	Ephriam Harn					
Father's Name	Beal Gosnell					
Mother's Maiden Name	- - - - -					
Name of person giving information	Thomas B. Harn					
CAUSES OF DEATH						
Primary	Old age					
Immediate	Bronchitis					
Are the name, age, sex, color, date and place correctly given above?						
Yes.						
PHYSICIAN OR CORONER	Signature of Physician					
	Address					
139 Bynes						
Accident or Suicide?						

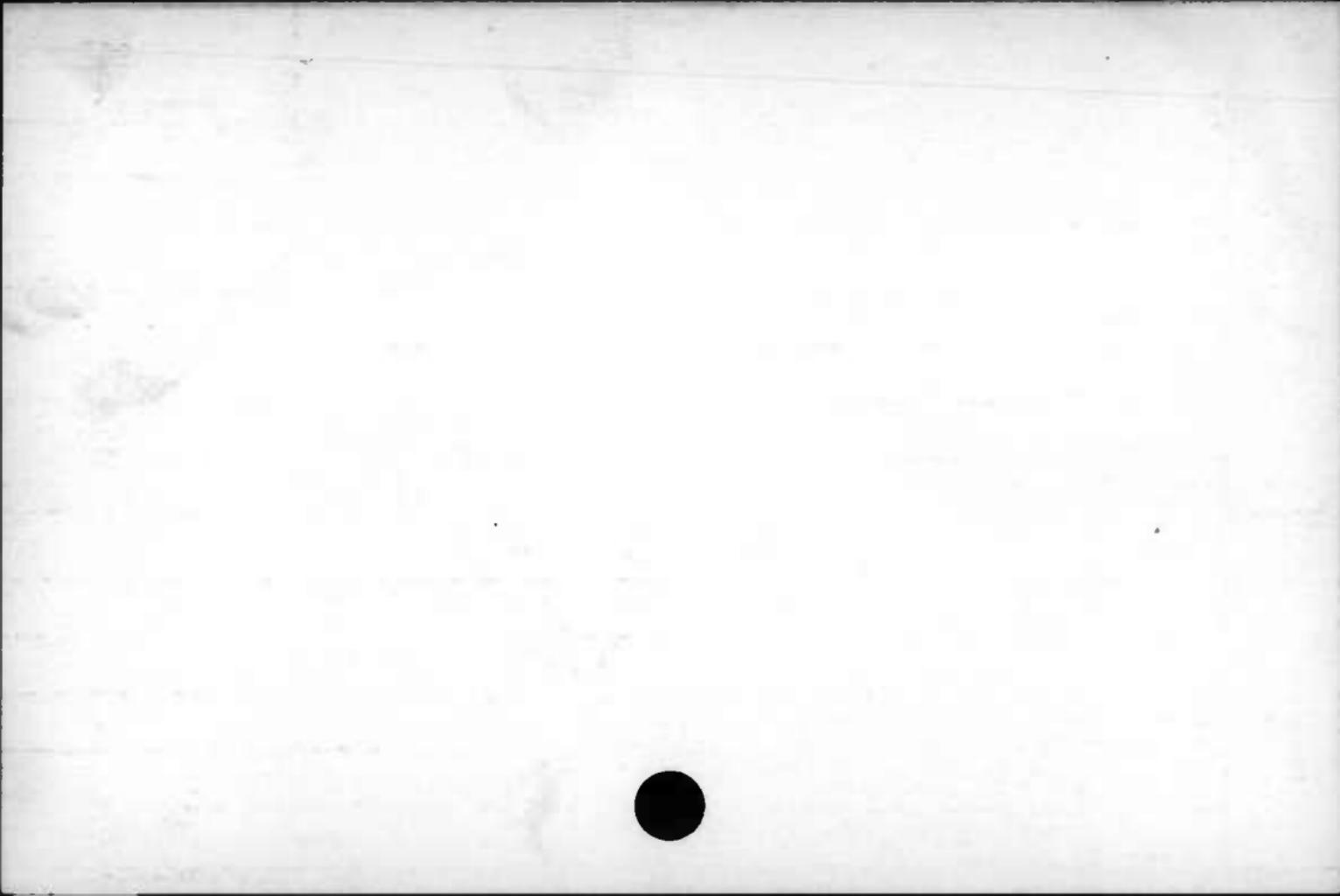
How long
5 years

How long
3 weeks

1911

1911

Accident or Suicide?



Name
in
Full

Worthman Graham Harrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		MARYLAND	
Died at Windsor Hills Balt Co	Baltimore County			
Date of death 1905 December	Month	Day	Years	Months Days
14 th		Age 29	11	
Sex Male	Color or white		Birth-place	St Michaels Md
Occupation Real Estate	Where Residing if not at place of death		Winder Hill	
Married, Single Married	Name of Wife or Husband		Honora Pleasant	
Father's Name Edward G. Harrison	Father's Birthplace		St Michaels Md	
Mother's Maiden Name Eleanor Lata Worthman	Mother's Birthplace		Philadelphia Pa	
Name of person giving information James W Ramsey	How related to deceased		Father in Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Tuberculosis of lungs

How long 6 weeks & 3 day
of my attendance.
How long a few day.

Immediate

Exscharation

ED

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Edward P. Arons M.D.

Address

Winder Hill Balt Co.
State of Maryland

Accident or Suicide?

George W. Little
Mount Oliver cemetery.

Name
in
Full

Charles W. Harvey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Gorans town		Balto.		County		MARYLAND	
Date of death 1905	Month Dec	Day 7	Age 84	Years	Months	Days	
Sex Male	Color or Race	White		Birthplace	Md		
Occupation Retired		Where Residing If not at place of death		Gorans town md			
Married, Single or Widowed	Name of wife or Husband		Mary J. Harvey				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information	Mary J Harvey				How related to deceased	wife	

663

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

yes

166

How long

10 days

How long

several days

Signature of Physician

Address

C. H. Duncan

Gorans town md

Accident or Suicide?

Burial at Western Cem
Dec 11/1905 —
William Doop

Name
in
Full

John H. Harvey

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town Boiling	County 13 alt	MARYLAND		
Date of death 190	Month 5	Day 12	Years 82	Months 3	Days 7
Sex	male	Color or Race white	Birth- place Md		
Married, Single or Widowed	single	Occupation Retired Farmer			
Name of Wife or Husband					
Father's Name	John K Harvey	Father's Birthplace Md			
Mother's Maiden Name	Eliza Ann Ridgely	Mother's Birthplace Md			
Name of person giving Information	Charles T. Harvey	How related to deceased Brother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hemorrhage of Bladder

How long

6 mo

Immediate

Paralysis

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

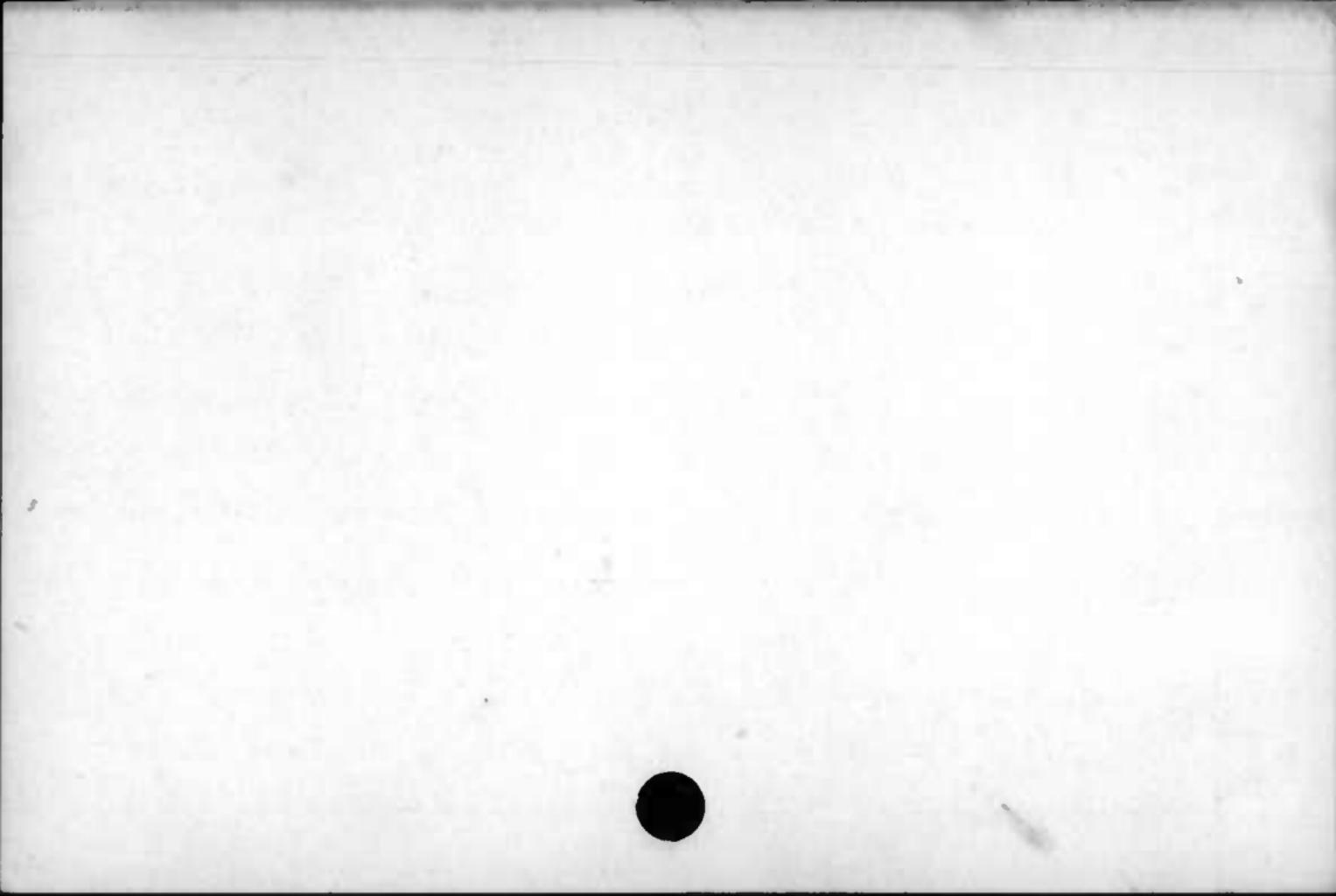
yes

Signature of
Physician

Address

Jas. H. Wilson
Fowblesburg
Md

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hedgeman (N.W.)					CERTIFICATE OF DEATH	
Died at		Town	County		MARYLAND	
Date of death	Dec 4	Month	Day	Years	Months	Days
of death 1906	Dec.	4	Age	—	—	—
Sex	female	Color or Race	colored	Birth-place	Hillsville	
Occupation	—	Where Residing if not at place of death			—	
Married, Single or Widowed	—	Name of Wife or Husband			—	
Father's Name	James Hedgeman			Father's Birthplace	Hillsville	
Mother's Maiden Name	Anna Robison			Mother's Birthplace	Balt.	
Name of person giving information	James Hedgeman			How related to deceased	father	
CAUSES OF DEATH						
Primary	—			How long	—	
Immediate	Congenital Debility			How long	—	
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician	Dr. V. Glau	
yes				Address	111 W. Hanover Balt.	
Accident or Suicide?						



Name
in
Full

Albert Hedgeman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hillsville</u>		Town	County <u>Roanoke</u>	
Date <u>Dec 9</u>	Month <u>Dec</u>	Day <u>29</u>	Years <u>72</u>	Months _____ Days _____
Sex <u>male</u>	Color or Race <u>colored</u>	Birth-place <u>Virginia</u>		
Occupation <u>cook</u>	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband <u>Kate Hedgeman</u>			
Father's Name	Father's Birthplace _____			
Mother's Maiden Name	Mother's Birthplace _____			
Name of person giving information	How related to deceased <u>Son</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis</u>	How long <u>17 months</u>
Immediate <u>Heart failure</u>	How long _____
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. J. Blame</u>
Address <u>Int. Williams.</u>	
Accident or Suicide?	

Felix

Isaac W. H. Helan

CERTIFICATE OF DEATH

Died at <u>Ashington</u> <small>Town</small>		County <u>Baltimore</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>12</u>	Day <u>1</u>	Years <u>56</u>	Months <u>"</u>	Days <u>8</u>	
Sex <u>male</u>	Color or Race <u>White</u>	Birth-place <u>Baltimore</u>				
Occupation <u>Carpenter</u>	Where Residing if not at place of death <u>Ashington</u>					
Married, Separated, Widowed	Name of Wife or <u>Mallie Brown</u>					
Father's Name <u>Lewis L Helan</u>	Father's Birthplace <u>Maryland</u>					
Mother's Maiden Name <u>Charlotte M Martin</u>	Mother's Birthplace <u>Maryland</u>					
Name of person giving Information <u>Charles Brown</u>	How related to deceased <u>Bro. in law</u>					

CAUSES OF DEATH

Primary <u>Nephritis</u>	<u>ND</u>	How long <u>Unknown</u>
Immediate <u>Valvular Heart Disease</u>	<u>ND</u>	How long <u>Unknown</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>R. T. Hanley</u>	Address <u>St. C City.</u>
<u>Not a Suicide?</u>		

Al Wasjaf
3539 Fall Road
Balt. Cemetery
DEC 3-85

Name
in
Full

Walter Henry Holingshade

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month 12	Day 20	Years 4	Months 11	Days 13	
Sex	male	Color or Race	White	Birth-place	Baltimore		
Occupation	Where Residing if not at place of death					-	
Married, Single or Widowed	Single	Name of Wife or Husband	-	Father's Birthplace	Md.		
Father's Name	James E. Holingshade					Mother's Birthplace	and
Mother's Maiden Name	Layna V. Palmer					How related to deceased	Grand mother
Name of person giving Information	Sarah E. Palmer						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Diphtheria

about Oct 20/05 - when residing in Balt. Md

How long

6 day duration

Immediate

Paralysis

How long

5 Weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

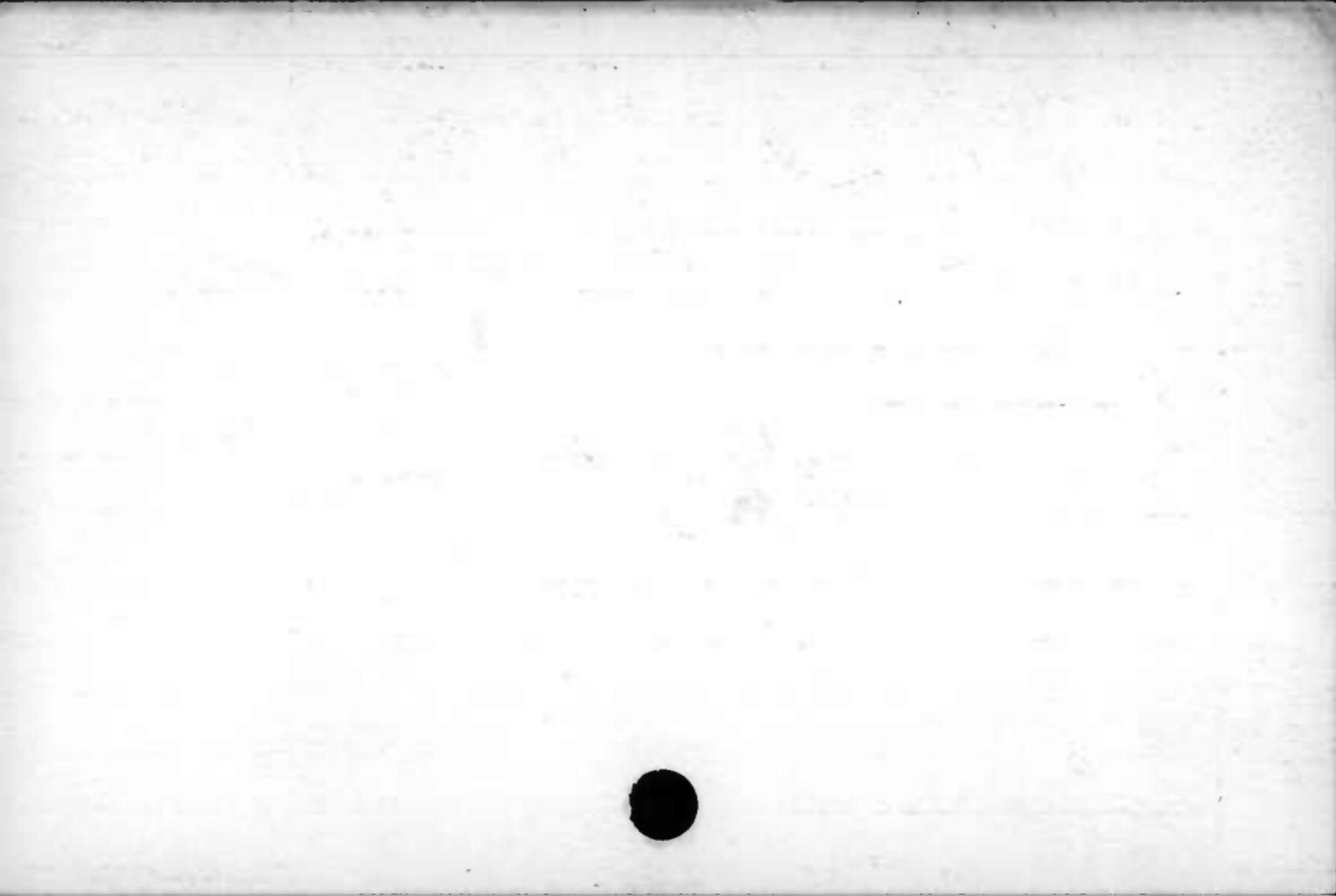
Signature of Physician

J. H. Richardson

Address

112 W. 25¹ 1/2 St -
Baltimore, Md.

Accident or Suicide?



Margaret C Hollands

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Ruxton	Baltimore				
Date of death 1905	Month December	Day 11th	Years Age 90	Months —	Days —
Sex Female	Color or Race white	Occupation None	Birthplace Ireland		
Married, Single or Widowed					
Name of Widow Husband Joseph Hollands					
Father's Name do not know	Father's Birthplace no record				
Mother's Maiden Name No record	Mother's Birthplace " "				
Name of person giving information T. M. Hooper	How related to deceased 66 none				
CAUSES OF DEATH					
Primary	Old age and Paralysis			How long	four years
Immediate	Paralysis			How long	Two days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?	Signature of Physician L. G. Landau M.D.
	Address 1000
Accident or Suicide?	

Stewart & Mowen

Undertakers

215 Park Ave

Baltimore Md.

Interment at St. Paul's

Burying Ground

Baltimore Md.

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

			Holmes (N.Y.) County Baltimore		CERTIFICATE OF DEATH		
Died at		Town	County		MARYLAND		
Date of death	1905	Month Dec 8 th	Day	Years	Months	Days	
Sex	male	Color or Race	col.	Age	Birth-place		
Occupation				Where Residing if not at place of death	Sparrows Point Sp. Pt.		
Married, Single or Widowed				Name of Wife or Husband			
Father's Name	Joseph Holmes			Father's Birthplace	Va		
Mother's Maiden Name	Lula Bailey			Mother's Birthplace	Va		
Name of person giving Information	Lula Holmes			How related to deceased	mother		
CAUSES OF DEATH							
Primary	Premature birth			15	How long		
Immediate	Inanition				How long		
Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
Yes				G. McLoone M.D.			
Address				Sparrows Point			
Accident or Suicide?				No			

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Andrew Nyonic

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death 1905	Month	Day	Years	Months	Days		
Dec 5 th		Sunday	Age 30				
Sex	male	Color or Race	white	Birth-place			
Married, Single or Widowed	Married	Occupation		Railroad brakeman			
Name of Wife or Husband	Woh Crown						
Father's Name	"	"	Father's Birthplace			Woh Crown	
Mother's Maiden Name	"	"	Mother's Birthplace			"	
Name of person giving information	Sam'l Devear	How related to deceased			niece		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Struck by train

How long

—

Immediate

Fracture of skull

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

James H. Beamer Coroner,
Mt Washington,

Accident or Suicide?

D. S. Marshall
3539 Fall Road

Altonia Pa

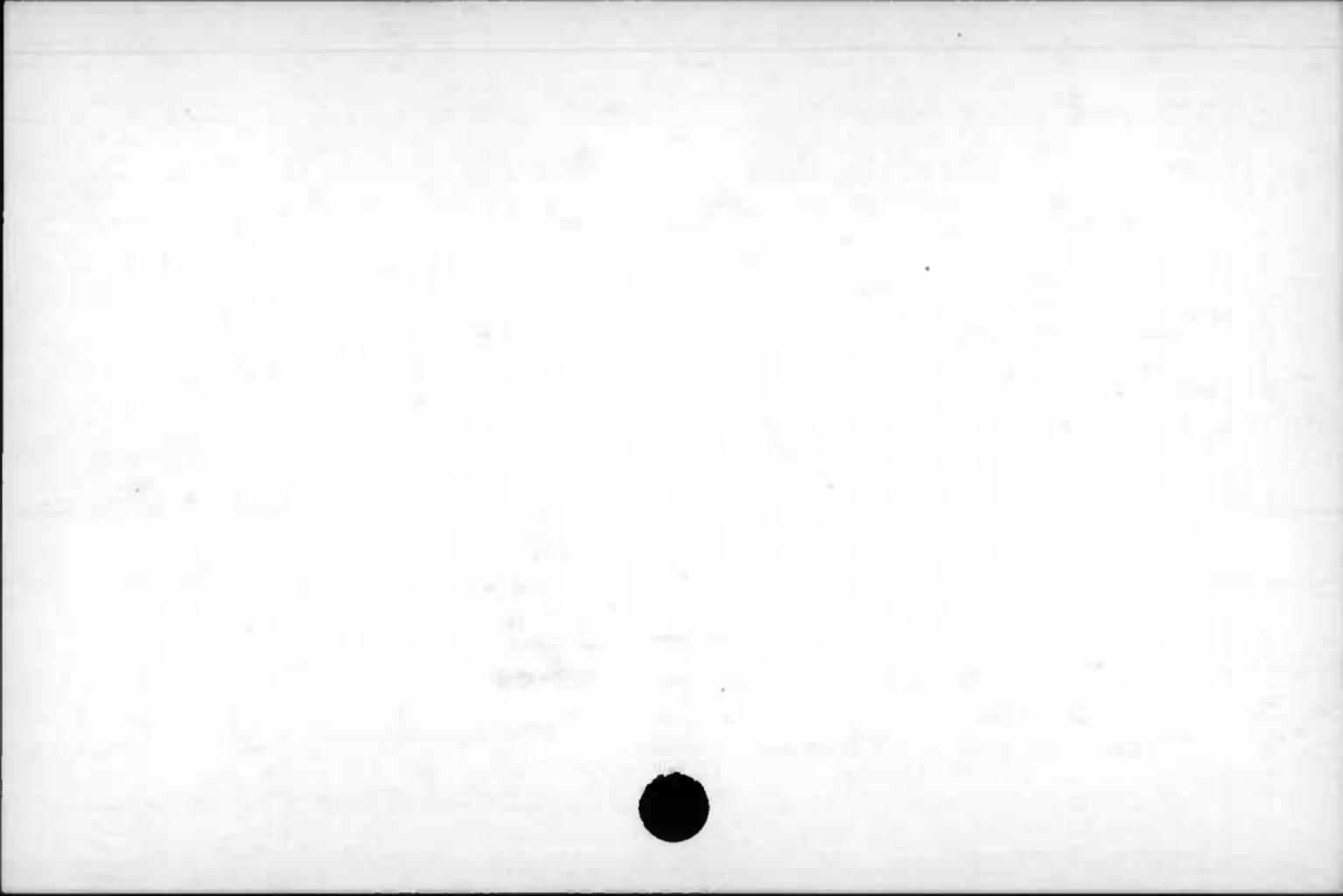
Christopher Jackson

CERTIFICATE OF DEATH

Died at <u>Granby</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>sep</u>	Day <u>23</u>	Age <u>40 about</u>	Years	Months	Days
Sex <u>male</u>	Color or Race <u>Black</u>		Birth-place <u>D.K.</u>			
Occupation <u>laborer</u>	Where Residing if not at place of death <u>Sam</u>					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>—</u>		Father's Birthplace <u>D.K.</u>			
Father's Name <u>Jack Jackson</u>				Mother's Birthplace <u>D.K.</u>		
Mother's Maiden Name <u>D.K.</u>				How related to deceased <u>D.K.</u>		
Name of person giving information <u>John Goodal</u>						

CAUSES OF DEATH

Primary <u>Dephthis</u>	How long <u>about 6</u>
Immediate <u>Pulmonary edema + Conv</u>	How long <u>months</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>N. J. Shiple</u>
	Address <u>117 Main and Granby and</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

George W Johnson.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Birth-place			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	George W Johnson	Father's Birthplace	Md		
Mother's Maiden Name	Louise Dorsey	Mother's Birthplace	Md		
Name of person giving information	James Johnson	How related to deceased	Brother		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Ptosis



How long

2 yrs

Immediate

Asthma

How long

2 wks

Are the name, age, sex, color, date and place correctly given above?

yes

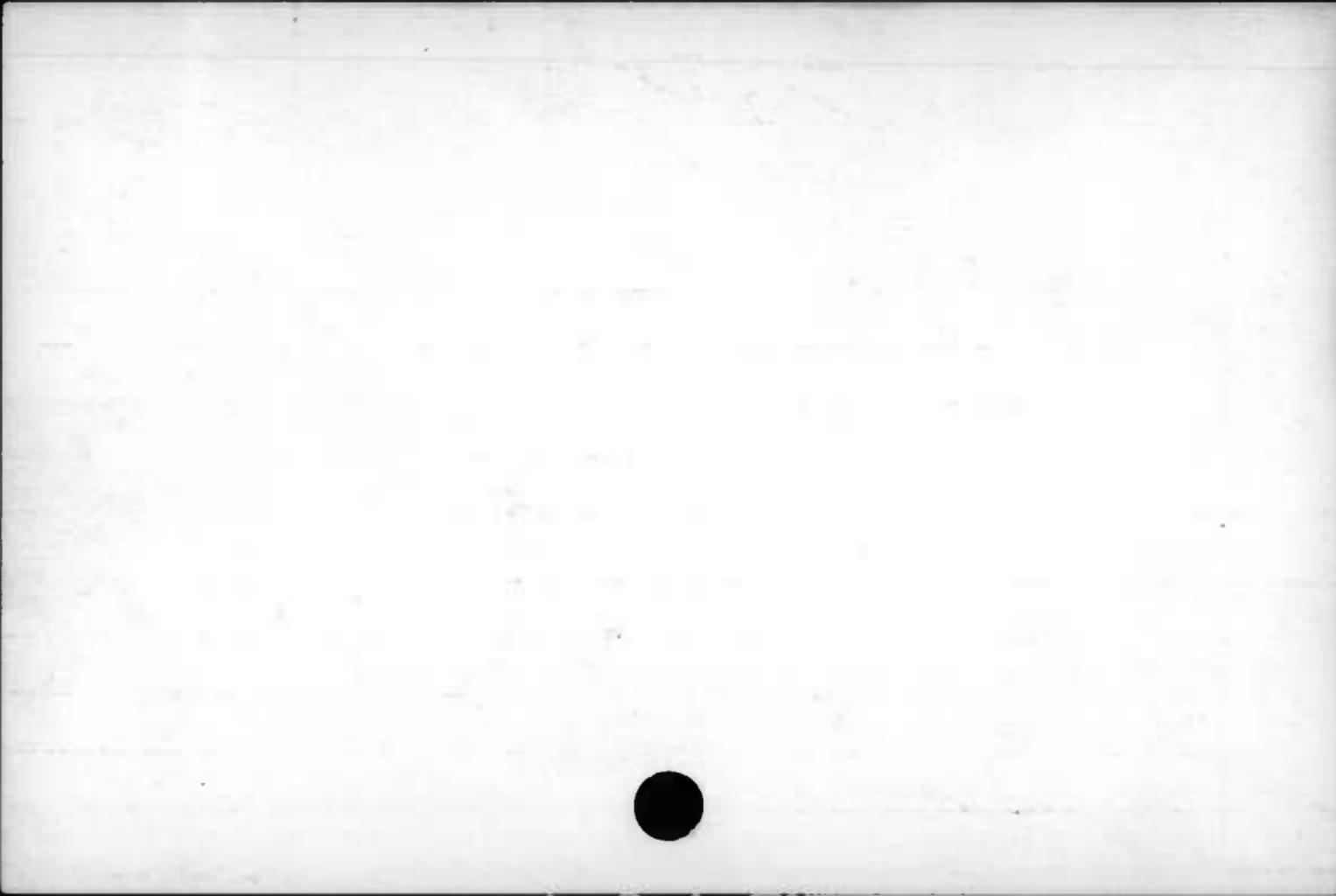
Signature of Physician

Marshall B West

Address

Calonsville

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

~~Frederick, Maryland, Jones~~

CERTIFICATE OF DEATH

Died at		Town	County	MARYLAND		
Date of death	1905	Month Dec	Day 4	Years 64	Months	Days
Sex	Male	Color or Race	white	Birth-place	Ind	
Occupation	Tinner.			Where Residing if not at place of death	X	
Married, Single or Widowed	Married	Name of Wife or Husband	Annie Jones.			
Father's Name	Abram Jones			Father's Birthplace	Ind	
Mother's Maiden Name	Maranda Webb.			Mother's Birthplace	X	
Name of person giving Information	Annie Jones.			How related to deceased	wife	

CAUSES OF DEATH

Primary

Organic Dementia 64

How long

Frederick

Immediate

Cerebral Hemorrhage

How long

Frederick

Are the name, age, sex, color, date and place correctly given above?

Yes

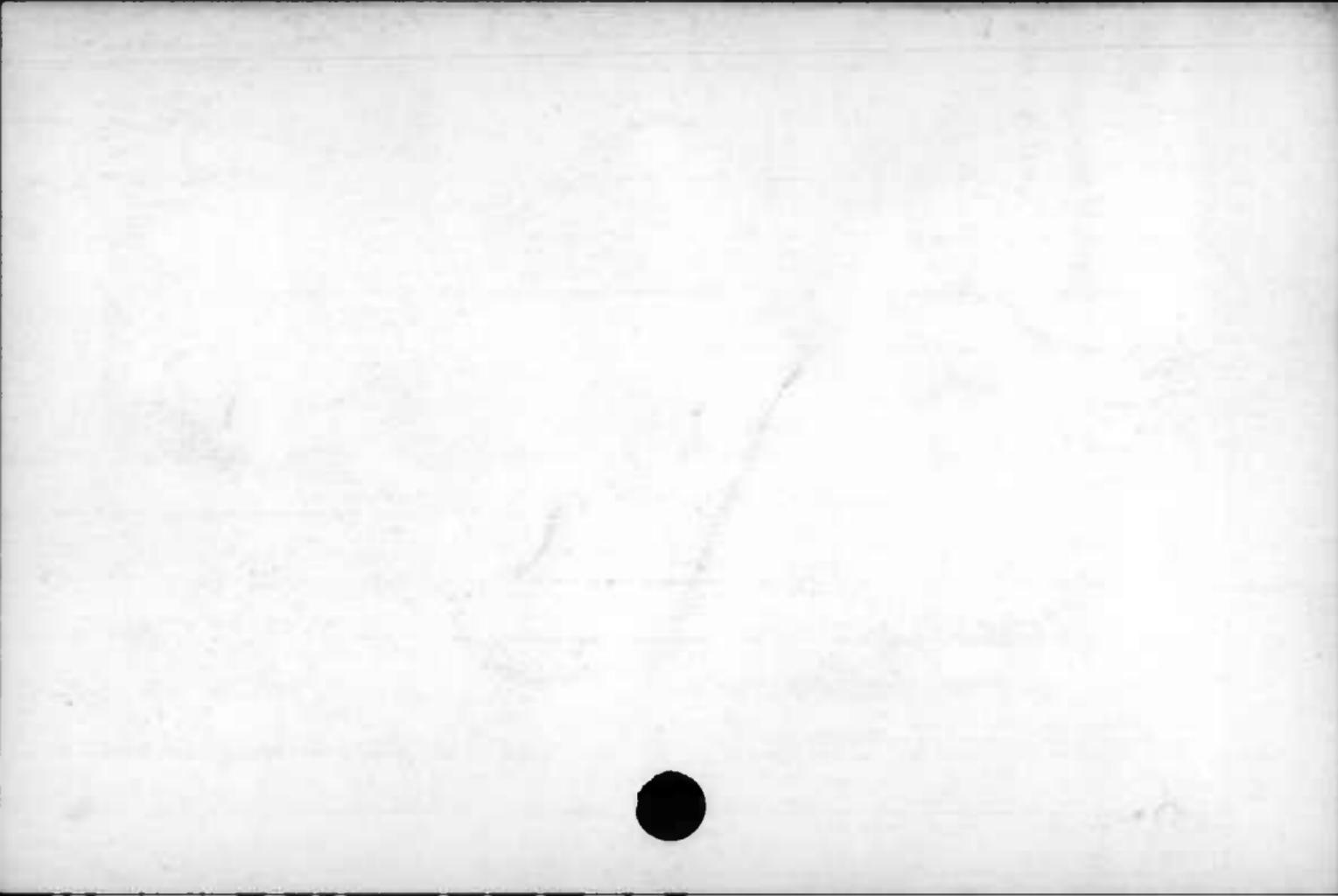
Signature of Physician

J. W. Rude

Address
Frederick, Md

Accident or Suicide?

No.



Name
in
Full

Louis D. Jones

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Canton	Balto Co.	7	3
Date of death	1905 Month 12	Day 1st. Age 1	Months	Days
Sex	Male	Color or Race	White	Birth place
Occupation	None	Where Residing if not at place of death	5th. Ave / 5th. St	
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Andrew Jones	Father's Birthplace	Md.	
Mother's Maiden Name	Pauline Heinzling	Mother's Birthplace	Md.	
Name of person giving information	Pauline Jones	How related to deceased	Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Intoxication

71

How long

5 days

Immediate

Convulsions

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. Williams
1108 Chesapeake

Accident or Suicide?

no

Jno. Herwig & Son.

Mt. Carmel Cemetery

Dec. 3rd. 1905

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Howard A King

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at Baldem Delight Baltimore

Date of death 1905 Month Dec Day 21 Years 40 Months 8 Days 12

Sex Male Color or Race White Birth-place Hagerstown

Occupation Steamer Where Residing if not at place of death

Married, Single or Widowed Married Name of Wife or Husband Florence May Shaffer

Father's Name Howard A King

Father's Birthplace Hagerstown

Mother's Maiden Name Ruth H. Bowers

Mother's Birthplace Easton

Name of person giving information John S. Shaffer

How related to deceased Brother in law

CAUSES OF DEATH

Primary

Pitthisis

How long

Immediate

(X)

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

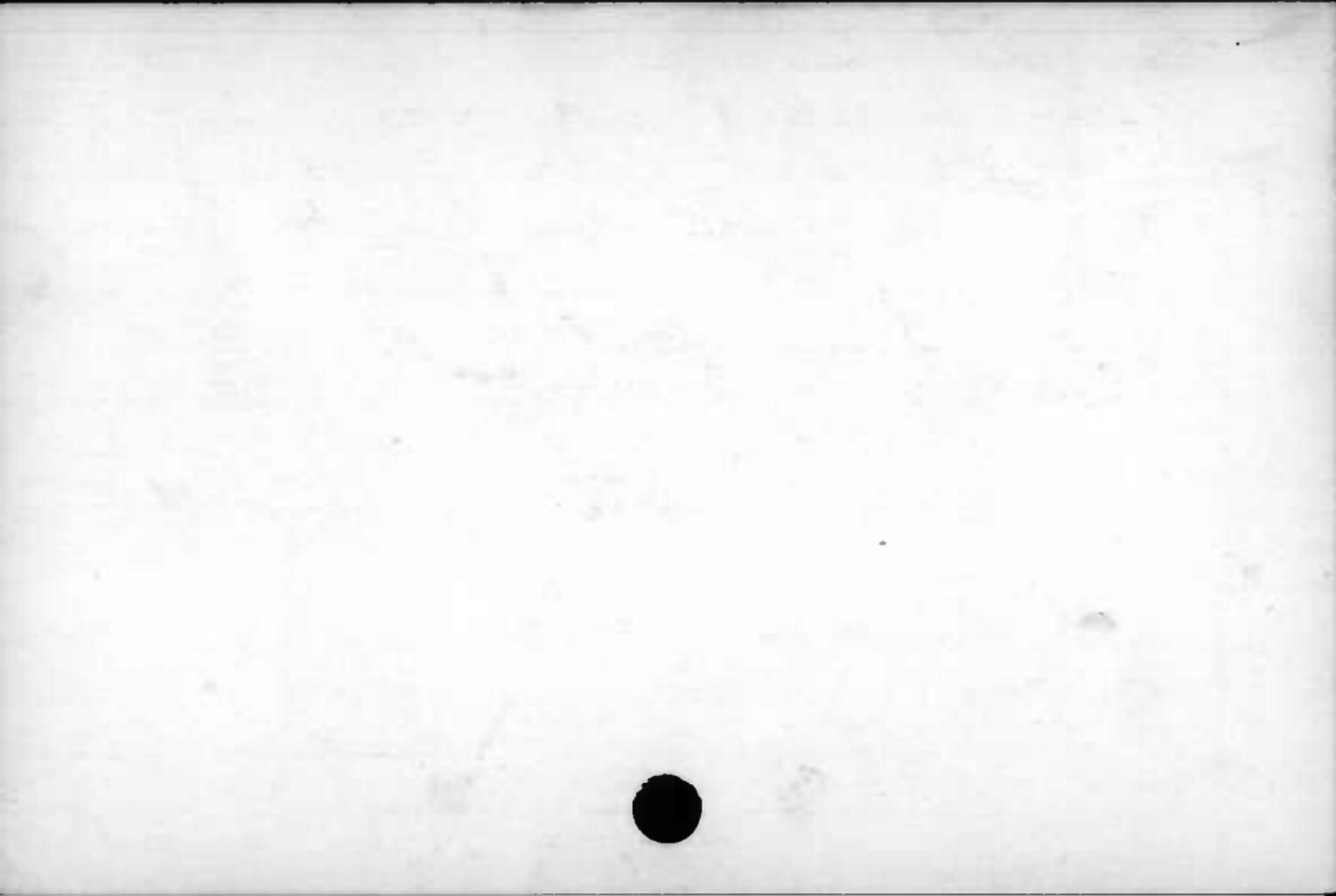
Address

R. H. Shaffer

Harrisonville

Baltimore Co. Md.

Accident or Suicide?



Name
in
Full

Hannah M Kinniry

CERTIFICATE OF DEATH

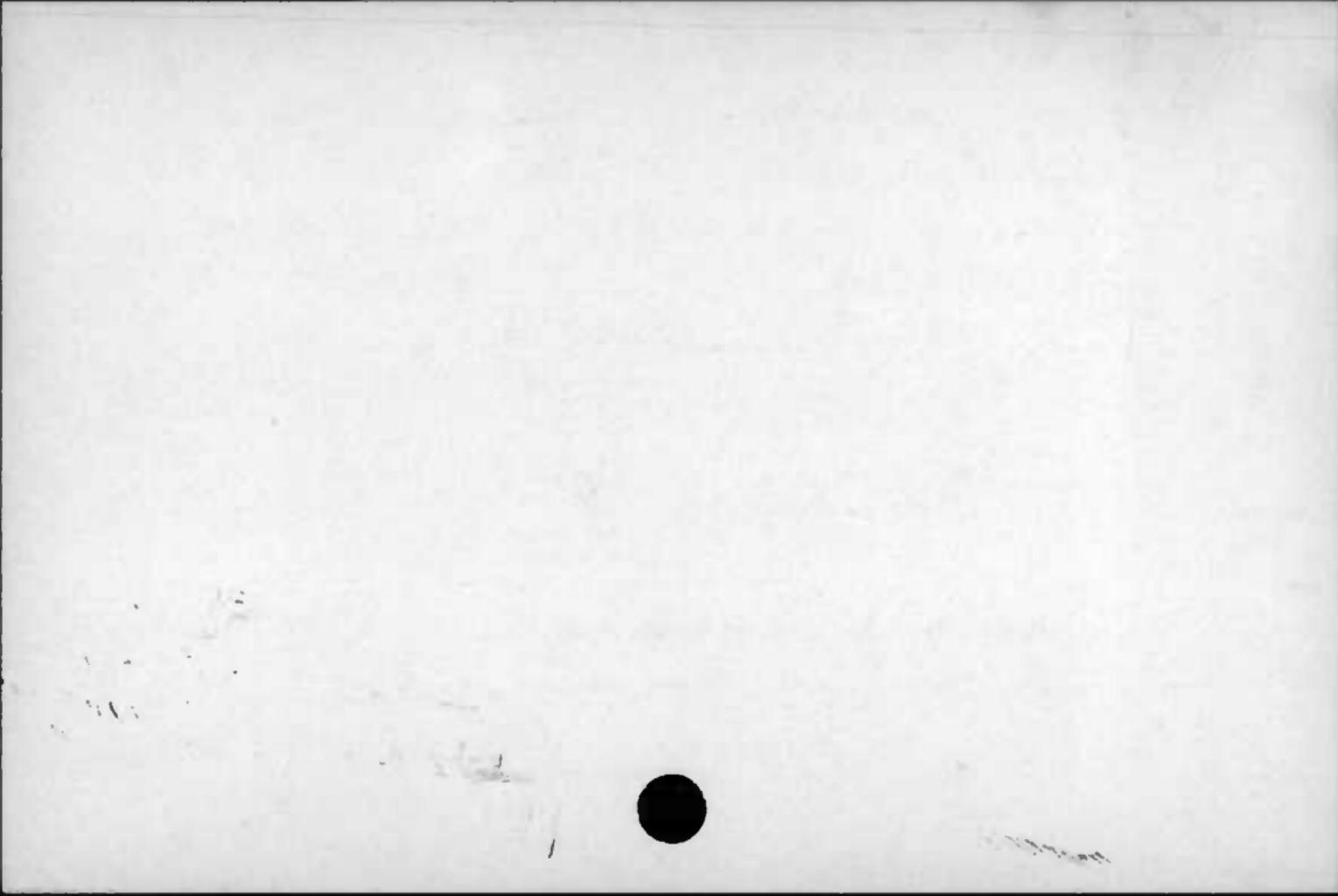
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>MoStop Retreat</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>31st</u>	Years <u>45</u>	Months <u>Unknown</u>	Days <u>Unknown</u>
Sex <u>F</u>	Color or Race <u>W</u>	Birth-place <u>Pa</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>Phila. Pa</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband		<u>66</u>		
Father's Name <u>Unknown</u>			Father's Birthplace <u>Unknown</u>		
Mother's Maiden Name <u>11</u>			Mother's Birthplace <u>11</u>		
Name of person giving information <u>Reeds MoStop Retreat</u>	How related to deceased <u>not at all</u>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Paralysis - Dementia</u>	How long <u>4 yrs</u>
Immediate <u>Ex</u>	How long <u>abs one mo -</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Frank J. Lawrence M.D.</u>
	Address <u>MoStop Retreat</u>
Accident or Suicide?	<u>Baltimore Co Md -</u>



Name
in
Full

Mary P. Kirk

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

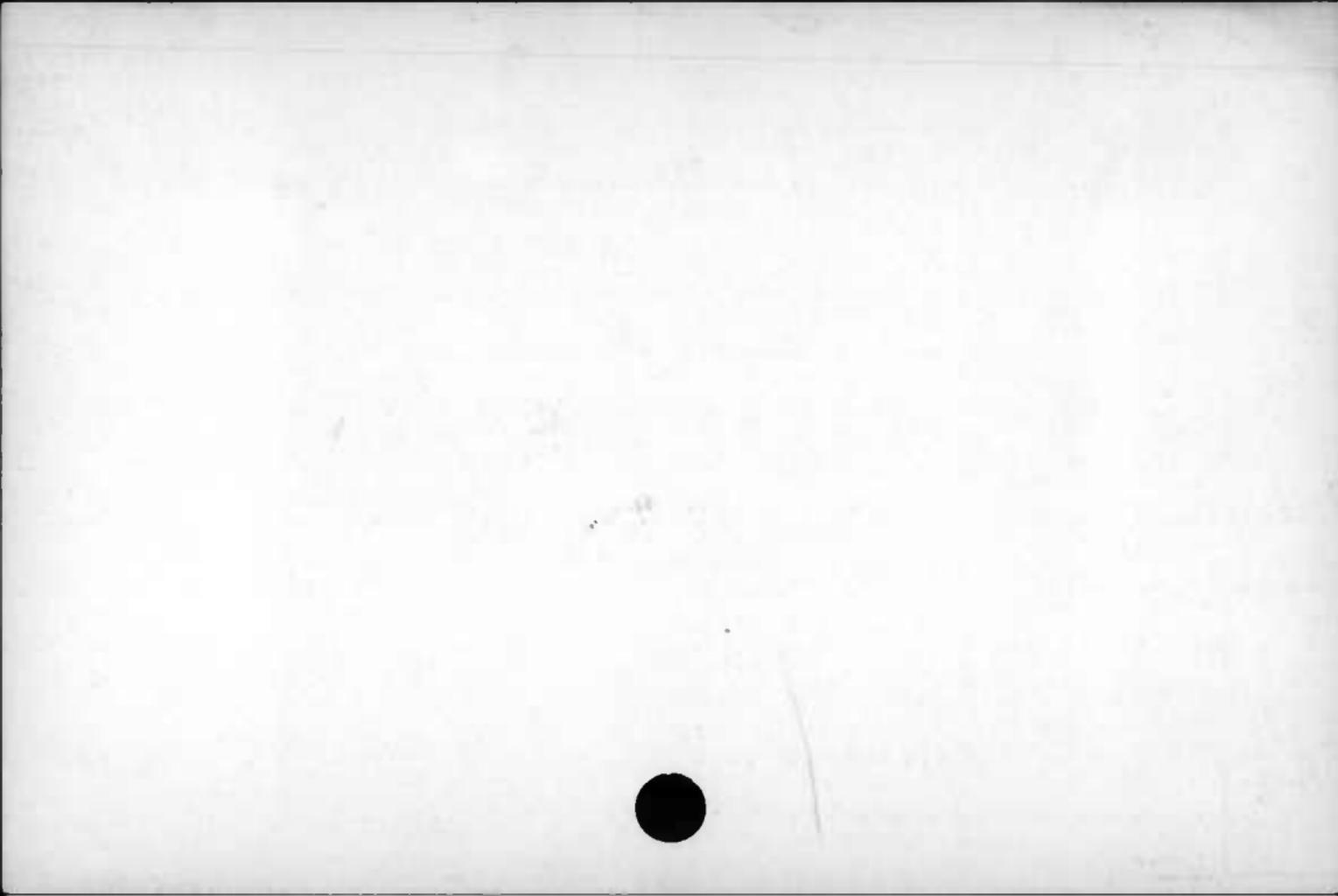
Died at	Town	County	MARYLAND		
Date of death 1905	Month Dec	Day 20	Age 47	Years	Months Days
Sex Female	Color or Race	White	Birth- place	Md.	
Married, <u>Single</u> or <u>Widowed</u>	Occupation			None	
Name of Wife Husband	Mount E. Kirk				
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	husband			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Pneumonia* *anemia* How long *several months*
Immediate *inflammation from above* How long
Are the name, age, sex, color, date
and place correctly given above? *yes* Signature of
Physician *Roland F. Guedry*
Address *Catoonsville*

Accident or Suicide?



Name
in
Full

John Kirschner

CERTIFICATE OF DEATH

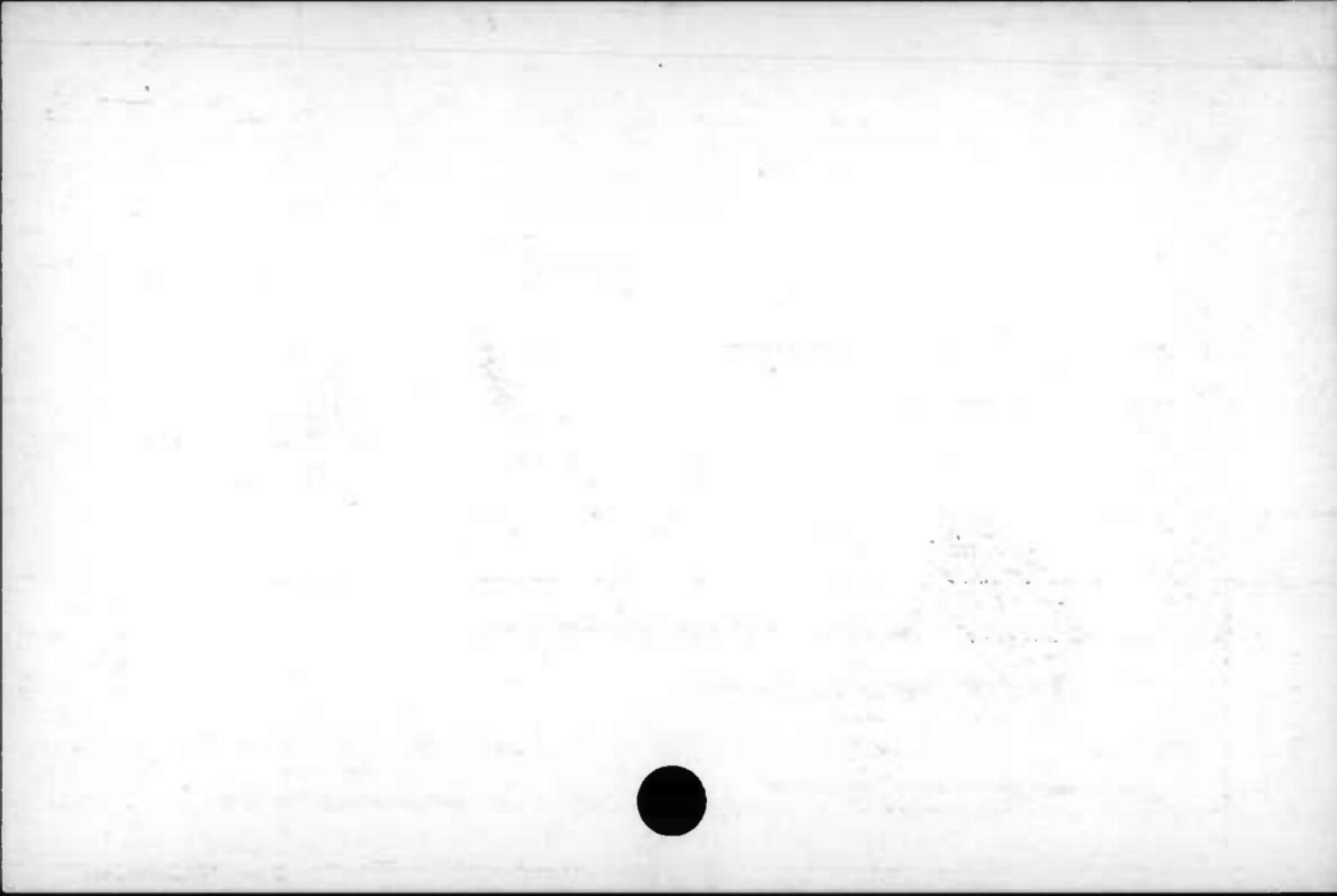
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	White	Birth-place	Ternary
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Enlargement of Heart, Failure		How long
Immediate	Failure (Cardiac)		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Lugard & Whiteford,
Yes. To best of my knowledge		Address	Fullerton, Md.
Accident or Suicide?		No	



216
TO BE ANSWERED BY
NEAREST FRIEND

Anna Knobel, Anna

CERTIFICATE OF DEATH

Died at Knobel

Town

County

Baltimore

MARYLAND

Date of death 1905 Dec.

Month

Day

Years

Age 64

Months

six

Days

six

Sex Female

Color or Race

White

Birth-place

Germany

Occupation

Housewife

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Husband

Henry Knobel

Father's Name

John Muller

Father's Birthplace

Germany

Mother's Maiden Name

Unknown

Mother's Birthplace

Unknown

Name of person giving
Information

Henry W. Knobel

How related
to deceased

Son

CAUSES OF DEATH

Primary

Organic Heart Disease

How long

not known

Immediate

Hypostatic Pneumonia

How long

one week -

PHYSICIAN
OR CORONER

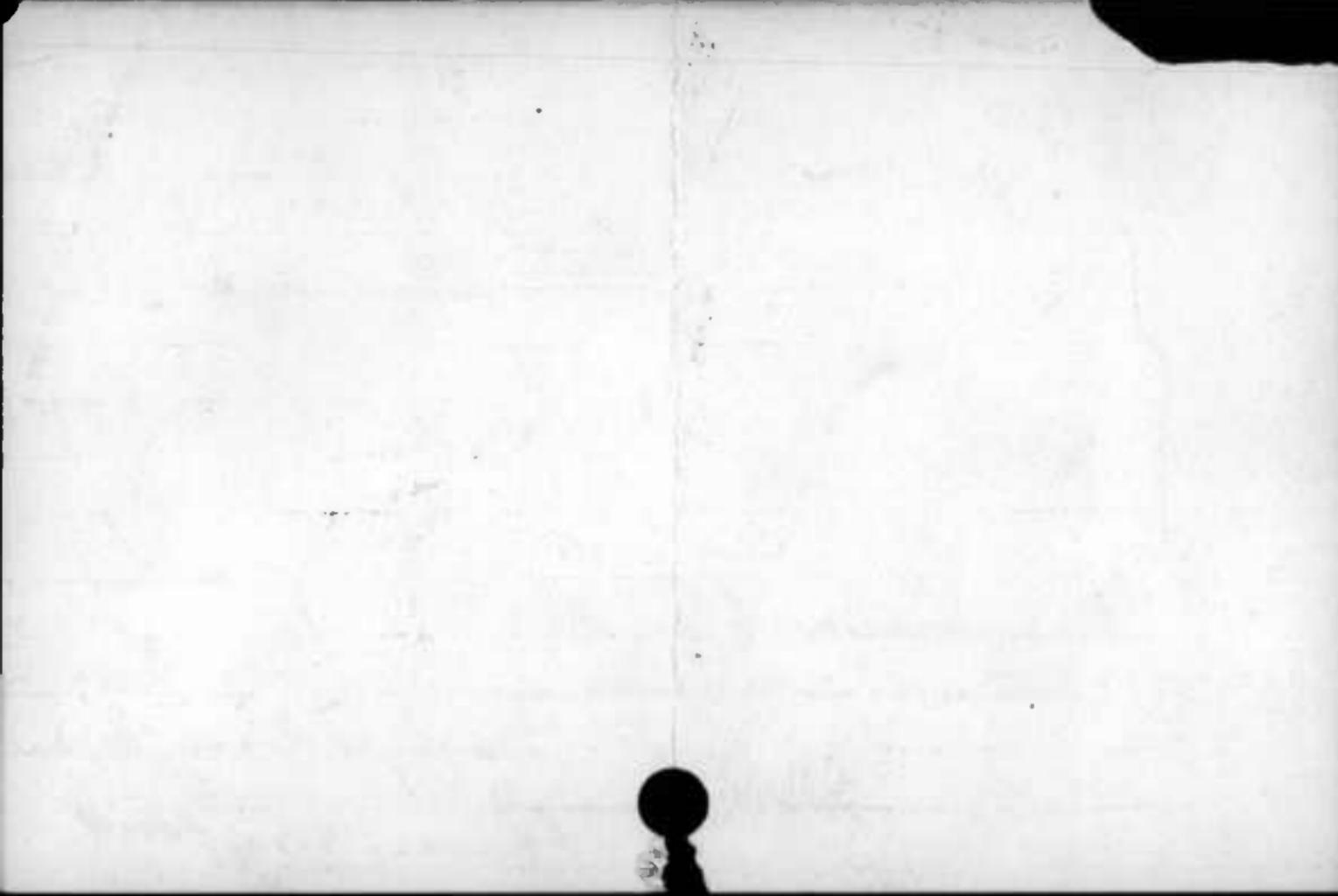
Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

J.W. Green,
Gittings,
Md.

Accident or Suicide?



Name
in
Full

Philip R Krach

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Dec	1st	5	7	6
Sex	Male	Color or Race	White	Birth-place	Hamilton
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Hamilton			
Father's Name	Robert J Krach				
Mother's Maiden Name	Florence Greenfield				
Name of person giving Information	Robert J Krach				
Father's Birthplace	Md				
Mother's Birthplace	Md				
How related to deceased	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Scurvy Fever	How long	16 days
Immediate	Diphtheria and Septicemia	How long	48 hrs.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	George A. Long, M.D.
		Address	Hamilton, Md
Accident or Suicide?			

Robert T
Florence Greenfield

Dec 1st

5 yrs 7 mo 6 days

Hamilton

Robert T

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Jacob Kusznau

CERTIFICATE OF DEATH

Town Died at Baltimore		County Baltimore		MARYLAND		
Date of death 1905	Month 12	Day 24	Age 73	Years	Months	Days
Sex Male	Color or Race White	Occupation Laborer		Birth- place Unknown		
Married, Single or Widowed Unknown						
Name of Wife or Husband Unknown						
Father's Name Unknown						Father's Birthplace Unknown
Mother's Maiden Name Unknown						Mother's Birthplace Unknown
Name of person giving Information Unknown						How related to deceased Unknown

CAUSES OF DEATH

Primary	How long
Immediate Mitral Regurgitation	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician Thos. C. Bunting
	Address Texas Md.
Accident or Suicide? No	

To be buried on
premises by me

A. W. Ensor

Name
in
Full

Ellen Lane

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND		
Date of death	190	Month	Day	Years	Months	Days	
Sex	Female		Color or Race	white		Birth-place	Ireland
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name			Father's Birthplace				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving information	How related to deceased						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cause of Death		How long
Immediate	Cause of Death		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
Accident or Suicide?		No	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Rose Lannon

Town

County

Died at 604 1st St. Banton Balto.

MARYLAND

Date of death 1905

Month

Day

Years

Months

Days

Dec. 26

Age

16

Sex Female

Color or Race White

Birthplace

Ind.

Occupation

Home

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's Name

Thomy Lannon

Father's Birthplace

Ireland

Mother's Maiden Name

Kate Pinty

Mother's Birthplace

Ind.

Name of person giving
Information

Kate Lannon

How related
to deceased

Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

10

Immediate

Exhaustion

How long

10

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

J. Warner
112 Highland
St

Accident or Suicide?

Jms A. Moran

Bonnie Brae Ann -

Name
in
Full

Annabell Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age	30	
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband	George Lee	St Denis Bottlo	
Father's Name				
Mother's Maiden Name				
Name of person giving information	George Lee	Husband		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia preceded
by influenza

Immediate

Some

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

How long

Influenza 2 weeks

Pneumonia 5 days

How long

five days

Arthur Williams
Elk Ridge Howard
County

Accident or Suicide?

No

Maud Hayrdon
Goulden Park

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Month

Day

Years

Months

Days

Date
of death 1905

Dec 10

Age -

Sex

Color or
Race

White

Birth-
place

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Mother's
Maiden Name

Name of person giving
Information

Father's
Birthplace

Mother's
Birthplace

How related
to deceased

Germany
Baltimore Md
Father

CAUSES OF DEATH

Primary

Premature birth (7 months)

How long

2 1/2 hours

Immediate

15

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

D. Burkard M.D.
910 S. Paulton St., Baltimore

Accident or Suicide?

PHYSICIAN
OR CORONER

H Paul Lamm
J Herwig & Son
12/12/05

To be answered by
nearest friend

Physician
or Coroner

Morris Levy
B Dennis

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County		
Date of death	Month	Day	Years	Months Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name	Father's Birthplace			
Mother's Maiden Name	Mother's Birthplace			
Name of person giving information	How related to deceased			
CAUSES OF DEATH				
Primary	General Paroxysmal		How long	About 7 yrs
Immediate	Mania		How long	2 weeks.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Elvis H. Gandy, M.D.	
		Address	B Dennis, Md.	
Accident or Suicide?				

Accident or Suicide?

Greenmont

Name
in
Full

Susanna Lissie

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	190	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	White	Age	70	3	
Occupation	Housewife		Where Residing if not at place of death		Poland		
Married, Single or Widowed	Widow	Name of Wife or Husband	John Lissie	Randallstown			
Father's Name	John Stanis		John Lissie		R		
Mother's Maiden Name	Susanna Stanis		John Lissie		Poland		
Name of person giving information	Mary Greenwald		John Lissie		d.o.b.		
CAUSES OF DEATH							
Primary	Paralysis			100		How long	
Immediate	Cardiac Arrest			100		How long	

PHYSICIAN
OR CORONER

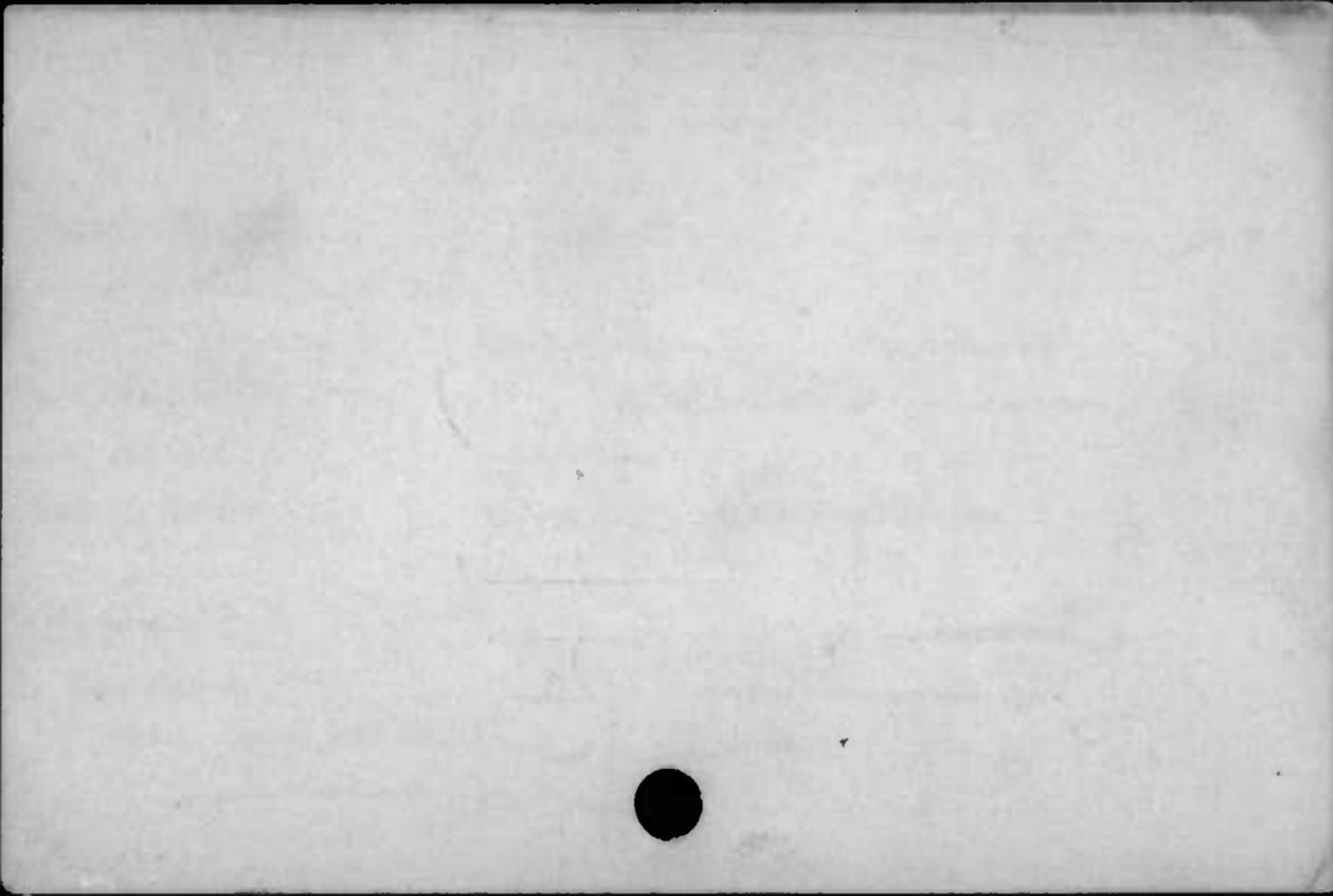
Are the name, age, sex, color, date and place correctly given above?

Accident or Suicide?

Signature of Physician

Address

W.M. Report
Roslyn Boardman



Name
in
Full

Thomas Loyore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Randallstown	Balt		Months	Days	
Date of death	Month	Day	Years	Months	Days
1905	12	31	89		
Sex	Male	Color or Race	White	Birth-place	Ireland
Occupation	Labourer	Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband		Randallstown Balt Co		
Father's Name	John		Father's Birthplace	OK	
Mother's Maiden Name	OK		Mother's Birthplace	OK	
Name of person giving information	H. J. Stebb		How related to deceased	None	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular heart disease

How long

12 months

Immediate

Heart failure

How long

3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Accident or Suicide?

Address

H. J. Stebb

Randallstown Balt Co

New Cathedral Cemetery

H. Fabry & Son

Crematorium

Name
in
Full

Sarah Alice Lyons

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Lloyd Ave Arlington Balt.</u> Town <u>Arlington</u> County				MARYLAND	
Date of death	Month	Day	Years	Months	Days
1905	Dec.	27	Age 48	2	2
Sex	Female	Color or Race	white	Birth-place	Balt. Md.
Occupation	Where Residing if not at place of death			residence	
Married, Single or Widowed	widow	Name or Wife or Husband	Geo. A. Lyons.		
Father's Name	Jesse T. Gossell			Father's Birthplace	Balt. Md.
Mother's Maiden Name	Mary Mackenzie			Mother's Birthplace	Balt. Md.
Name of person giving information	Nellie May Lyons			How related to deceased	daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cancer.

How long

1 year.

Immediate

Chancery

How long

1 month.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Em. Mitchell
Balto Cemetery

Name
in
Full

James Francis McElroy

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at Mt. Hope Retirez		Town Baltimore		County Baltimore		MARYLAND	
Date of death	1903 Dec	Month	17 th	Day	Years	Months	Days
Sex	Male	Color or Race	White	Age	45	Unknown	Unknown
Occupation	none	Where Residing if not at place of death			Providence R. I.		
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	unknown			Father's Birthplace		Unknown	
Mother's Maiden Name	1,			Mother's Birthplace		11	
Name of person giving information	Reeds Mt. Hope Retirez			How related to deceased		not at all	

CAUSES OF DEATH

Primary

Epilepsy

69

How long

over 8 yrs

Immediate

Status Epilepticus

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Frank J. Flannery

Address

Mt. Hope Retirez
Baltimore Co. Md.

Accident or Suicide?



Name
in
Full

William Mc Guire

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>St Agnes Hospital</u>		Town	County <u>Baltimore</u>	MARYLAND	
Date of death <u>1905</u>	Month <u>12</u>	Day <u>16</u>	Age <u>20</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Ireland</u>			
Occupation <u>Father</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Consumption</u>	How long
Immediate <u>Exhaustion</u>	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Yes

Address

Frank Worsey M.D.
St Agnes Hospital

Accident or Suicide?



Name
in
Full

William D

Mc Millan.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Male		Color or Race		White	
Occupation	None			Where Residing if not at place of death		
Married, Single or Widowed	Married		Name of Wife or Husband		Lama Mc Millan	
Father's Name	George G Mc Millan			Father's Birthplace Pa		
Mother's Maiden Name	Ella Dickenson			Mother's Birthplace Balti Md		
Name of person giving Information	Henry Duffy			How related to deceased Nephew		

CAUSES OF DEATH

Primary

Lack Motor Alvea

(Found dead)

64

How long

ages.

Immediate

Cerebral Hemorrhage

(Alvea)

How long

days, hours.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

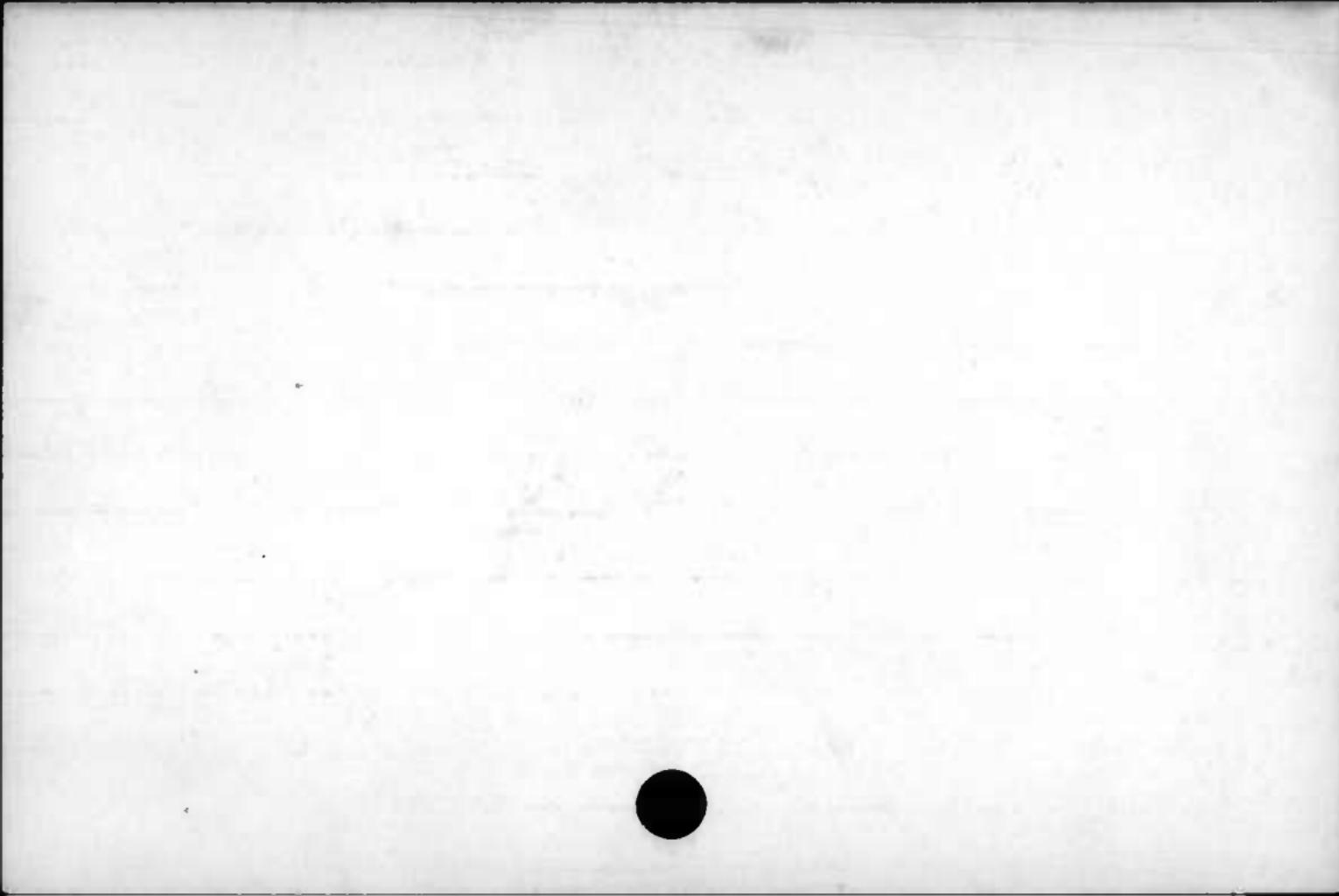
Address

yes.

Sholomazov

Arlington

Accident or Suicide?



Name
in
Full

Eliza Madden

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Oregon		Town	Baltimore		County	MARYLAND	
Date of death	1905	Month	12	Day	27	Age	Years	78
Sex	Female		Color or Race	Colored		Birth-place	Glyndon Md.	
Occupation	Housewife		Where Residing if not at place of death	Eloworth Madden		Oregon P.O. Md.		
Married, Single or Widowed			Name or Wife or Husband	Eloworth Madden		Father's Birthplace	Don't Know	
Father's Name	Joseph Madden		Mother's Birthplace			Mother's Maiden Name	" "	
Mother's Maiden Name	Mary Madden		How related to deceased			Name of person giving information	Son	
Primary	Doter. Heart disease		CAUSES OF DEATH			How long	46 yrs	
Immediate	Heart failure & pressure					How long	3 months	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. H. Dach
Baltimore Md.

Accident or Suicide?

To Be Read at
Gaulff's Chapel
By Ernest Price

Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at

Town

James A Mansfield
Mt. Hope Retreat Baltimore

County

Date
of death 190

Month

Dec

Day

15th

Years

About 65 yrs

Months

MARYLAND

Days

Sex

Male

Color or
Race

White

Birth-
place

Occupation

—

Where Residing if not
at place of death

—

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

CAUSES OF DEATH

Primary

Convulsive Mania

How long

26 yrs

Immediate

Cardiac Arrest & Pulmonary oedema

How long

4 weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

C. B. Luson M.D.

Address

Mt. Hope Inn

No

Accident or Suicide?



Name
in
Full

Thos. J. Martin

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Int 76 Ope	Town	County	MARYLAND
Date of death	1905 Dec	Month	Days	Months
Sex	Male	Color or Race	Age 33	Days
Occupation	Liquor Dealer	Where Residing if not at place of death	Balto. Md.	
Married, Single or Widowed		Name of Wife or Husband		
Father's Name				
Mother's Maiden Name				
Name of person giving information				
CAUSES OF DEATH				
Primary	Chronic Nephritis			How long ?
Immediate	Pneumonia			How long 3 days

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

C. B. Ensor M.D.

Int 76 Ope
Balto. Md.

Accident or Suicide?



Name
in
Full

Mary A Merritts

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	white	Birth-place	md
Occupation	HCO	Where Residing if not at place of death			
Married, Single or Widowed	Widow	Name of Wife or Husband			
Father's Name	Brice Plummer			Father's Birthplace	md
Mother's Maiden Name	Auri Beach			Mother's Birthplace	ns
Name of person giving Information	MacBeth Vincent			How related to deceased	Sister in law

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary	Natural Causes	
Immediate	Heart Failure	
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
		Address
Accident or Suicide?	no	

Ceder Hill Cemetery

Name
in
Full

Mary Miller

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Dec	Day 7	Years 28	Months	Days
Sex	Female	Color or Race	White		Birth-place	Baltimore
Occupation	Wife		Where Residing if not at place of death		Gorans town	
Married, Single or Widowed	Married	Name of Wife or Husband	Leon Miller		Father's Birthplace	Baltimore
Father's Name	Henry Fautenschlager				Mother's Birthplace	Baltimore
Mother's Maiden Name	Mary Buckap				How related to deceased	Husband
Name of person giving information	Leon Miller					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	103	How long 2 weeks
Immediate	Heart failure	103	How long 2 days
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician C. H. Deacon	
		Address Gorans town	
Accident or Suicide?			Med

Evans & Spence

Baltimore Cemetery.

Name
in
Full

Melvia May Miller
Ruhls

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Date of death 1905	Month Age.	Day	Years	Months	Days
Sex Female	Color or Race	Age	Plut	Birth- place	Ruhls.
Married, Single or Widowed	Occupation			School Girl	
Single					
Name of Wife or Husband					
Father's Name	Samuel S Miller			Father's Birthplace	Balto Co Md
Mother's Maiden Name	Mary E Corporeau			Mother's Birthplace	11 11 1st
Name of person giving Information	Samuel S Miller			How related to deceased	Father

CAUSES OF DEATH

Primary

Tuberculosis

How long

3 weeks

Immediate

Young

How long

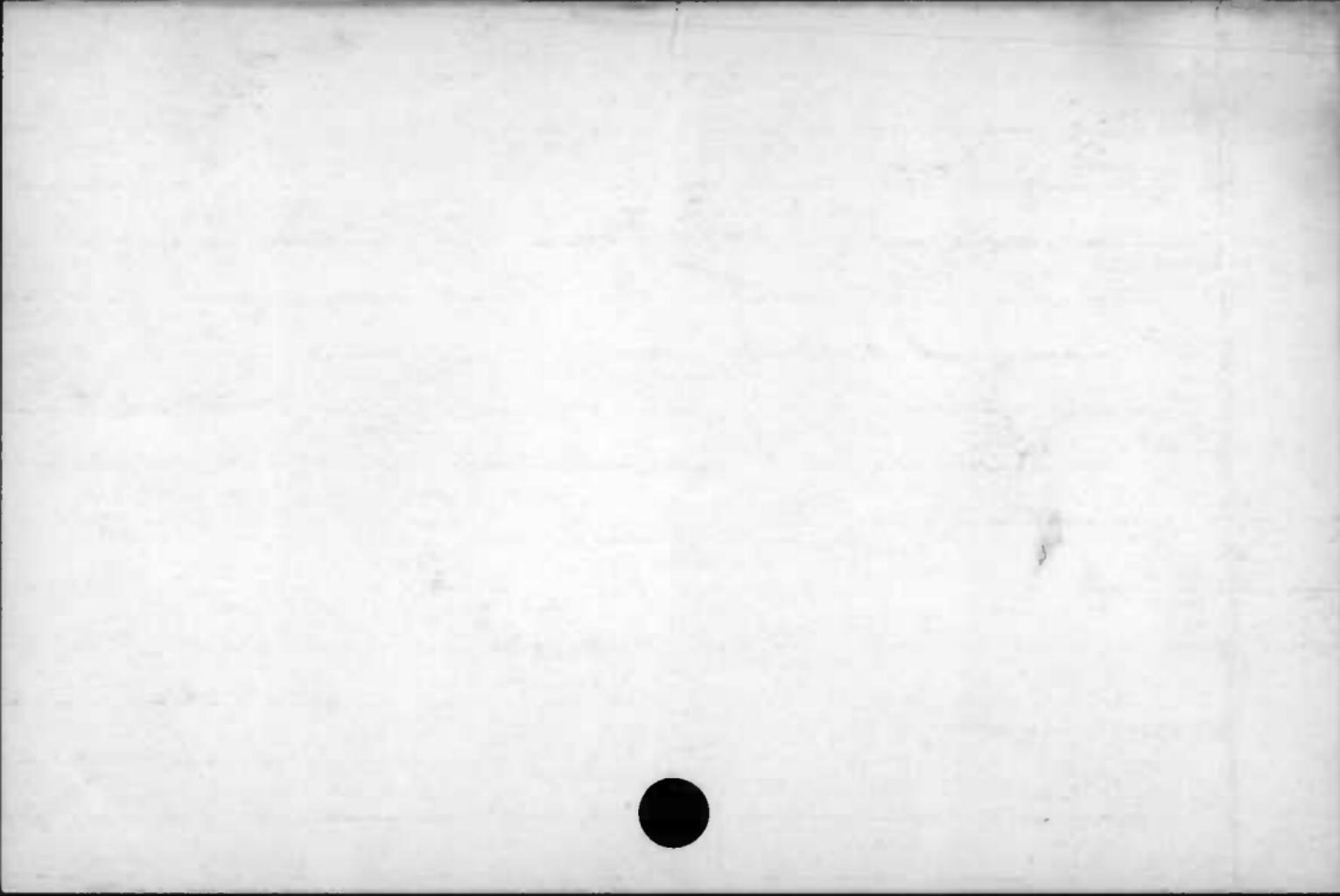
Are the name, age, sex, color, date
and place correctly given above?

Signature
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Beatrice Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	1905	Month Dec.	Day 22	Years 3	Months -	Days -
Sex	Female	Color or Race	Negro	Birth-place	Spaunis Point	
Occupation	None	Where Residing if not at place of death				
Married, Single or Widowed		Name of Wife or Husband				
Father's Name	James Moore				Father's Birthplace	N. C.
Mother's Maiden Name	Victoria Tolman				Mother's Birthplace	Va.
Name of person giving information	James Moore				How related to deceased	Father

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

rickets

100

How long

3 years

Immediate

Prussic acid

100

How long

3 months

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

Address

F. G. Tolman

Spaunis Point

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY

NEAREST FRIEND

William H Moran
Town of C. County

CERTIFICATE OF DEATH

MARYLAND

Died at Emory Grove Baldo MARYLAND

Date of death 1905 McKeith Dec 8 Age 44 Years — Months — Days —

Sex	male	Color or Race	white	Birth-place	Barto Co. Pa
-----	------	---------------	-------	-------------	--------------

Occupation Waiter Where Residing if not

at place of death

Married, Single
or Widowed Widow Name of Wife or
Husband Julie missis

Father's P Father's A

Name Peter Moran Birthplace Bethel Co. N.Y.

Mother's Maiden Name Rachel Whitcomb Mother's Birthplace W. Va.

Name of person giving P How related P P

In formation Allen Morrison to Deceased Brother

CAUSES OF DEAT

PHYSICIAN COUNSEL

Primary

How long

Immediate

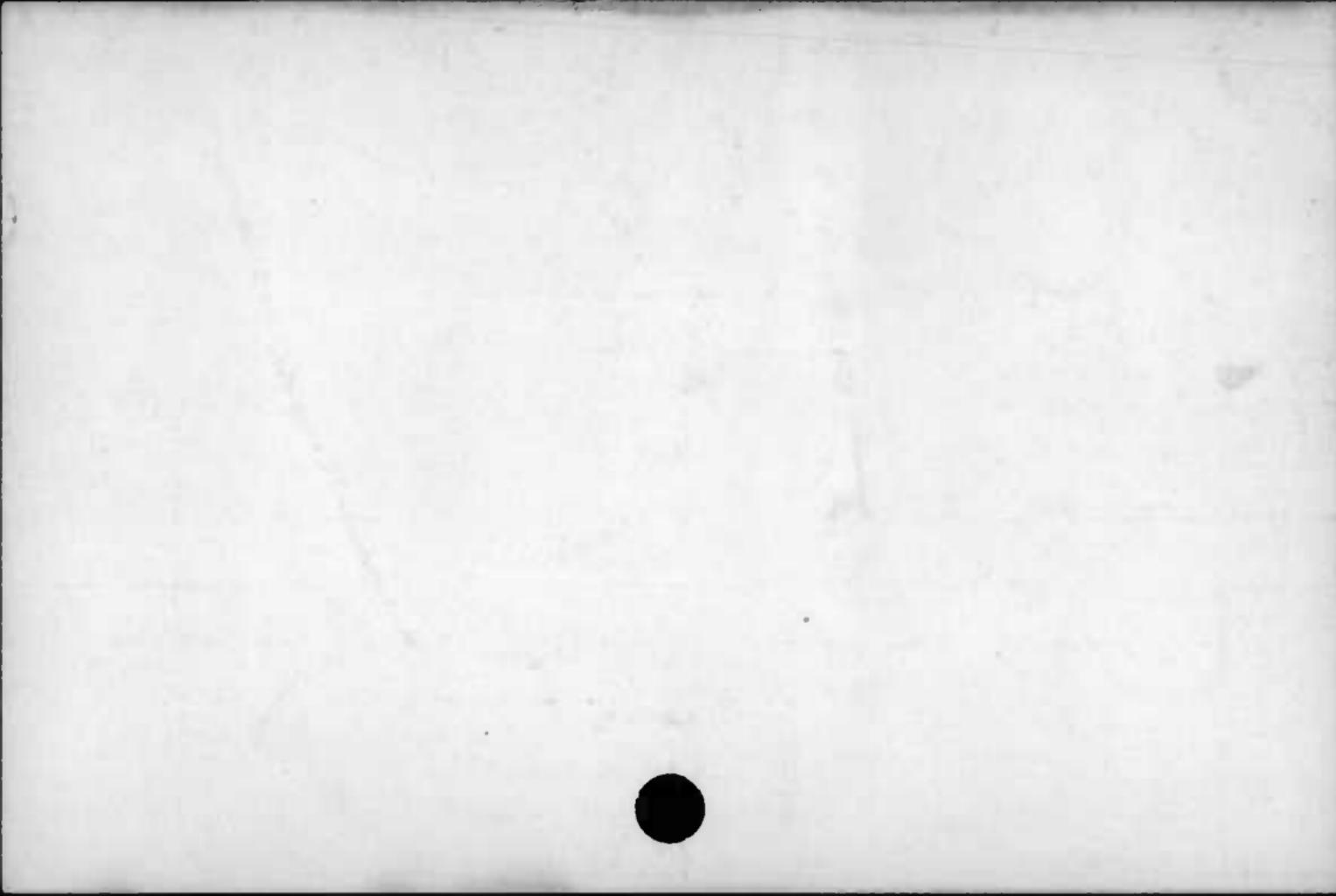
How long

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Accident ~~caused~~?

LIBRARY BUREAU ABBOTT



Name
in
Full

Lewis T. Morrison

CERTIFICATE OF DEATH

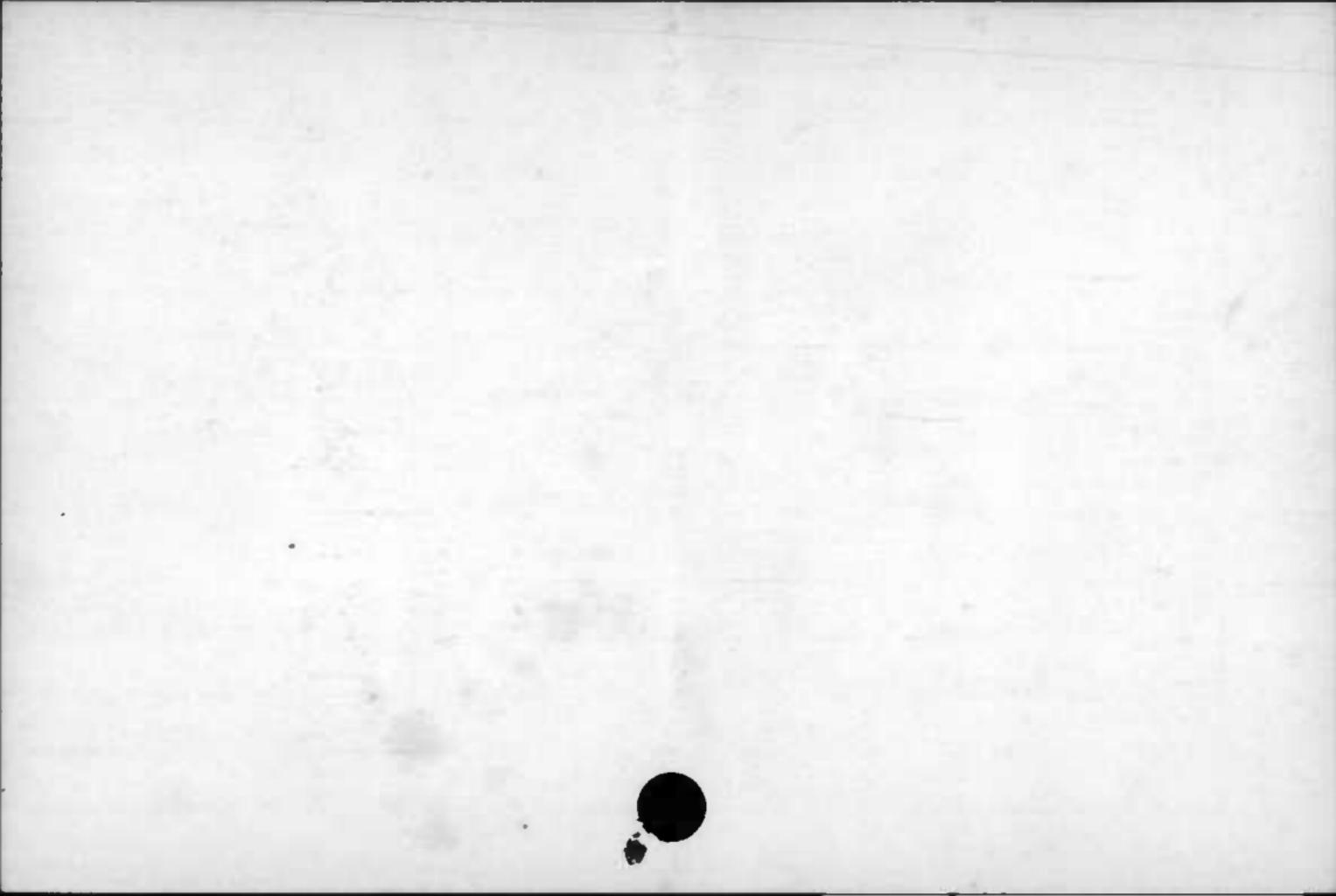
To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Died at	Sparrows Point	Baltimore			
Date of death	1905	Month	Dec	Day	15 ^t
				Years	—
Age	—	Color or Race	white	Birth-place	M.d.
Sex	Male	Occupation	—	Where Residing if not at place of death	—
Married, Single or Widowed	—	Name of Wife or Husband	—		
Father's Name	Frank Morrison.			Father's Birthplace	M.d.
Mother's Maiden Name	Flossie Green			Mother's Birthplace	Va.
Name of person giving Information	Frank Morrison			How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Capillary Bronchitis	How long	2 days
Immediate	Convulsions	How long	4 or 5 hours.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	G. McCormick M.D.
Yes.		Address	Sparrows Point Md.
Accident or Suicide?			



Name
in
Full

Blanche C. Nelson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County		MARYLAND	
	Stevenson		Baltimore			
Date of death	Month	Day	Years	Age	Months	Days
1905	Dec	28	26	26	—	—
Sex	Female		Color or Race	Colored		Birth-place
Occupation	House-wife		Where Residing if not at place of death	Calvert Co.		
Married, Single or Widowed	Married		Name of Wife or Husband	George A. Nelson		
Father's Name	John D. Price			Father's Birthplace	Calvert Co.	
Mother's Maiden Name	Mary C. Tyler			Mother's Birthplace	Calvert Co.	
Name of person giving Information	Geo. A. Nelson			How related to deceased	Husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Phthisis Pulmonalis (Tuberculosis) probably a year	
Immediate	Asthma, and Nephritis.	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician
		Address
Accident or Suicide?	712	



Name
in
Full

Mary L. O'Connor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death		Month	Day	Years	Months Days	
Sex	Female	Color or Race	White	Birth-place	Ireland	
Occupation	Wife	Where Residing if not at place of death				
Married, Single or Widowed	Widow	Name of Wife or Husband	unknown	Father's Birthplace	unknown	
Father's Name	unknown				Mother's Birthplace	"
Mother's Maiden Name	"				How related to deceased	Not at all
Name of person giving information	Reeds Mt. Hope					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Malaria

How long

abs 4 yrs

Immediate

Ex Siccans

How long

24 hrs

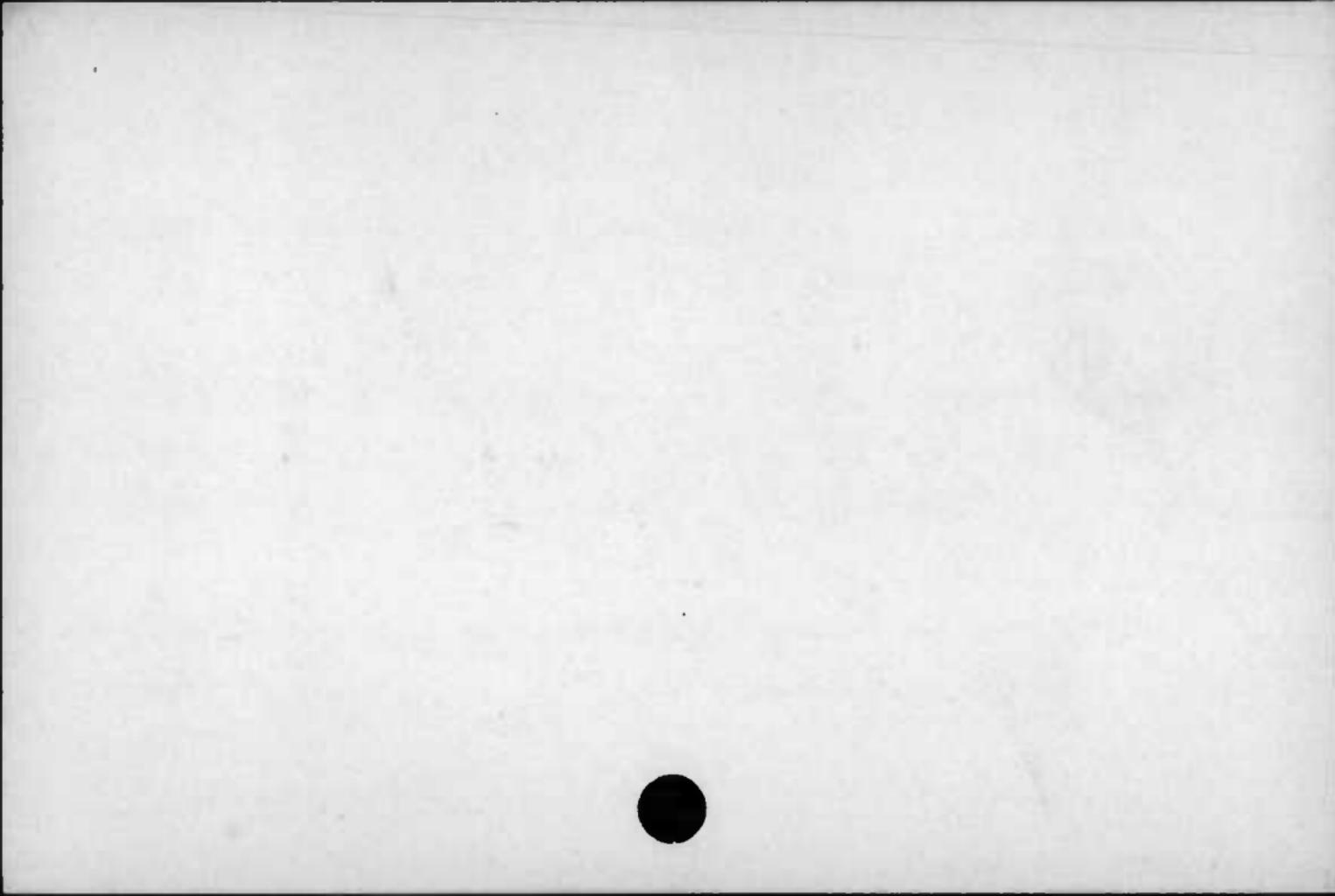
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Frank J. Flannery
Mt. Hope Rehman
Baltimore Co Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>near Piterville</u>		Town	County <u>Baltimore</u>	MARYLAND		
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>12</u>	Age <u>65</u>	Years	Months	Days
Sex <u>Female</u>	Color or Race <u>white</u>	Birth-place <u>Baltimore Md</u>				
Occupation <u>House Keeper</u>	Where Residing if not at place of death					
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband	Father's Birthplace <u>Baltimore Md</u>				
Father's Name <u>Barney Ovings</u>	Mother's Birthplace <u>Howard County</u>					
Mother's Maiden Name <u>Mary A Ford</u>	How related to deceased <u>Sister</u>					
Name of person giving Information <u>Sarah A Ovings</u>						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular heart disease

How long

some years

Immediate

strangulation

How long

a few days

Are the name, age, sex, color, date and place correctly given above?

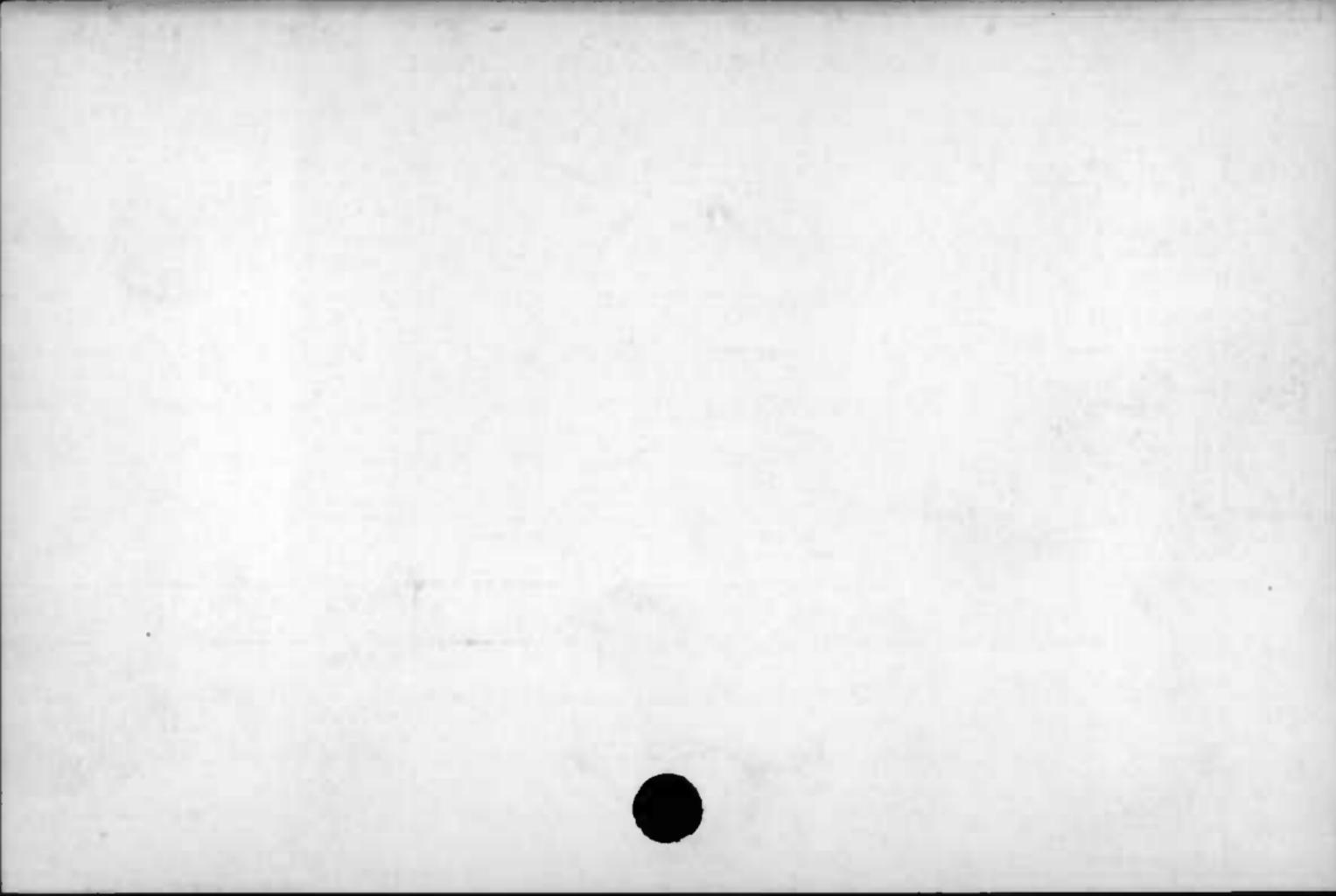
Yes

Signature of Physician

Address

W. P. E. Myer
Pikesville Md.

Accident or Suicide?



Name
in
Full

Peter Podosch

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
1905 Dec.		7	Age	35			
Sex	Male	Color or Race	white				
Occupation	Where Residing if not at place of death					Austria	
Married, Single or Widowed	Name of Wife or Husband						
Married							
Father's Name							Father's Birthplace
Mother's Maiden Name							Mother's Birthplace
Name of person giving information							How related to deceased
for Blair							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Hit by motor car

How long

60

Immediate

Accident

How long

Are the name, age, sex, color, date and place correctly given above?

yes

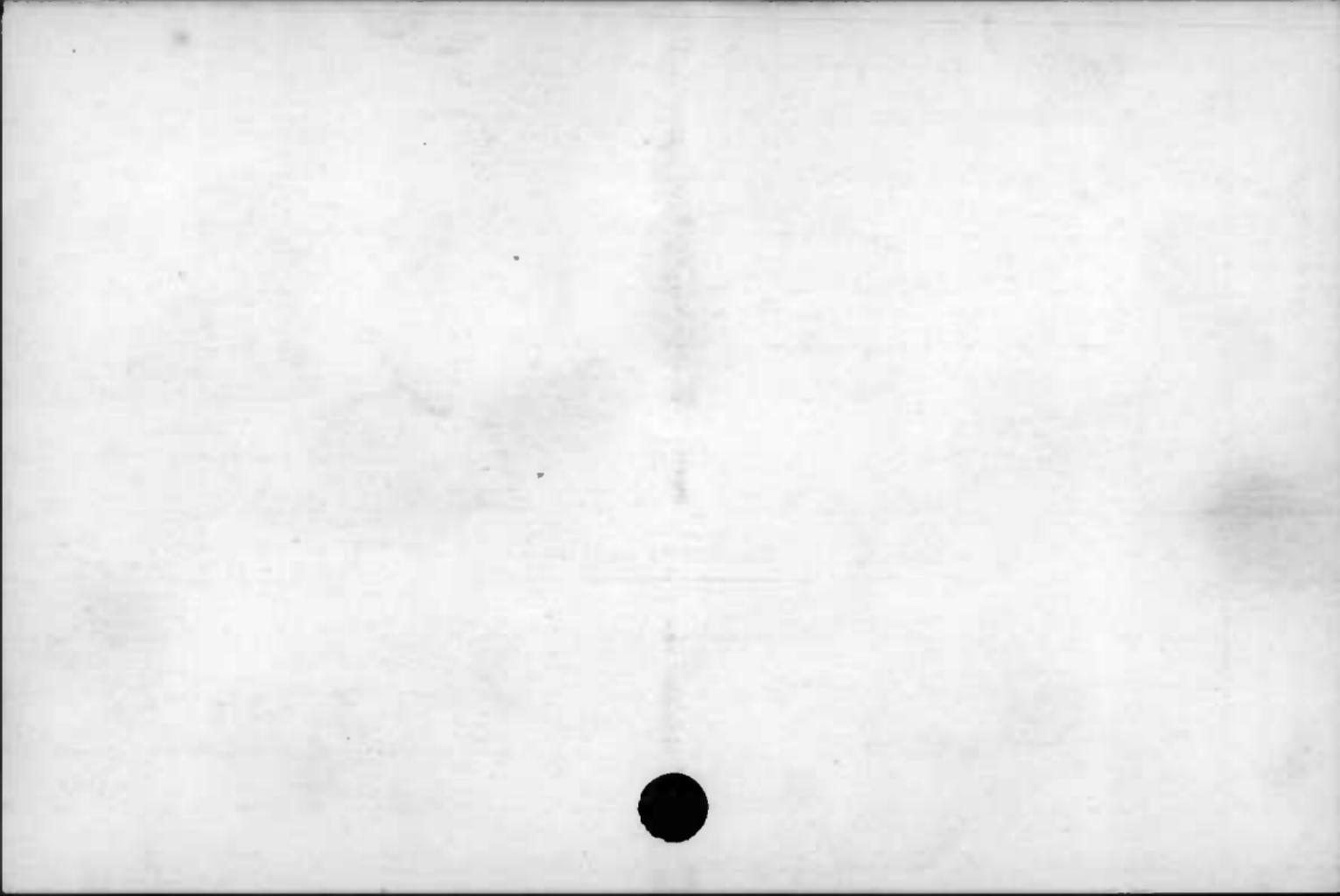
Signature of Physician

Address

for Blair J.P.
Sparrow Point
Md

Accident or Suicide?

Accident



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

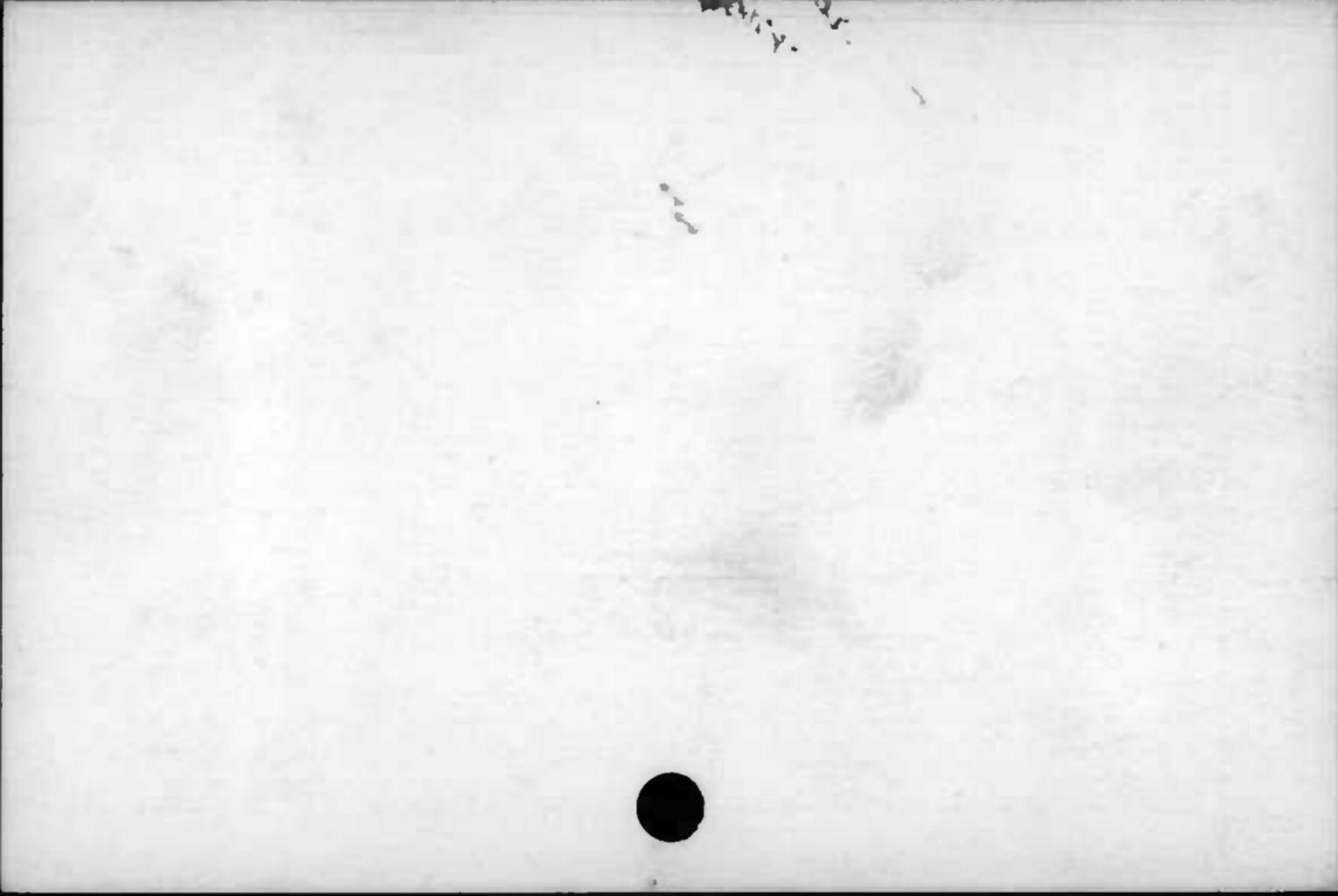
Victor Radowicz

CERTIFICATE OF DEATH

Died at <u>Gardenville</u>		Town	County <u>Baltimore</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Sept</u>	Day <u>14</u>	Age <u>39.</u>	Years	Months	Days	
Sex <u>Male.</u>	Color or Race <u>White</u>	Birth-place <u>Lithuania</u>					
Occupation <u>Taylor.</u>	Where Residing if not at place of death <u>Gardenville</u>						
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Juliaina Radowicz</u>	Father's Birthplace <u>Lithuania</u>					
Father's Name <u>Victor Radowicz</u>	Mother's Birthplace <u>Lithuania</u>						
Mother's Maiden Name <u>Elizabeth Jasaitis</u>	How related to deceased <u>Brother</u>						
Name of person giving information <u>Martin Radowicz Brother</u>							

CAUSES OF DEATH

Primary	<u>Pulmonary Tuberculosis</u>	How long <u>one year</u>
Immediate	<u>Asthma</u>	How long <u>one month</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>W. L. Cook</u>
		Address <u>1504 E. Eager St. Baltimore</u>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Sophia Royston

Town

Died at

Home

County

Baltimore

MARYLAND

Date
of death

1905

Month

Dec

Day

13

Years

88

Months

Days

Age

Sex

Female

Color or
Race

white

Birth-
place

Balto Co.

Occupation

Domestic

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Calet Royston

Father's
Name

Vachel Cole

Father's
Birthplace

Ashdown

Mother's
Maiden Name

Jennia Ensor

Mother's
Birthplace

Ashdown

Name of person giving
Information

Mrs Belt

How related
to deceased

Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senile degeneration

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

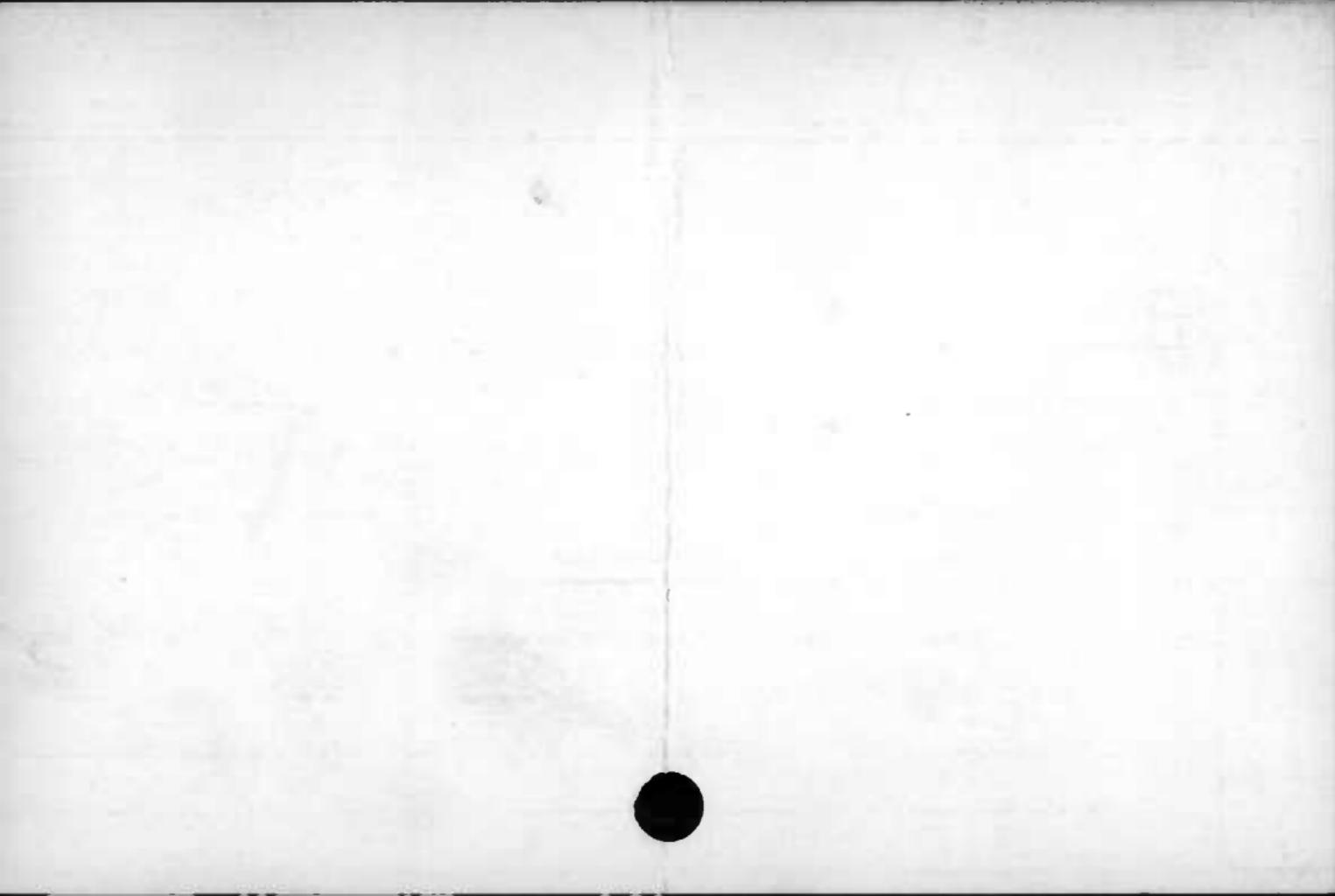
B. M. Sherman, M.D.

So far as known

Address

Concord, Ind.

Accident or Suicide?



Name
in
Full

Georgiana Russell

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Female	Color or Race	Age	Birth-place	
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Married	Name of Wife or Husband	Wm H Russell		
Father's Name	David Jones				
Mother's Maiden Name					
Name of person giving information	Wm H Russell				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Cerebral Aplasia

64

How long

Immediate

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

G. Wallace
Rossdale
Md

Accident or Suicide?

Name
in
Full

Annie P Ruster

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Glyndon	Baltimore		Months	Days	
Date of death	Month	Day	Age	Years	
1905	Dec	22	16		
Sex	Color or Race	Where Residing if not at place of death	Birth-place		
Female	Colored	Carroll Co. Md			
Occupation					
Married, Single or Widowed	Name of Wife or Husband				
Single					
Father's Name	Father's Birthplace			Baltimore Co. Md	
Wm. P. Ruster					
Mother's Maiden Name	Mother's Birthplace			" " "	
Annie Parker					
Name of person giving information	How related to deceased			Mother	
Annie Parker					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Mal-Nutrition	64	How long	2 yrs.
Immediate	Anemia		How long	6 mo.
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm. P. Ruster	
		Address	1305 Glyndon Ave.	
Accident or Suicide?				

Margaret Reitz				CERTIFICATE OF DEATH				
Died at		Town	County	MARYLAND				
Date of death	Month	Day	Years	Months	Days			
1905	Dec	8	1	3	23			
Sex	Female	Color or Race	White	Birth-place	franklinstown			
Occupation	Housewife	Where Residing if not at place of death			franklinstown			
Married, Single or Widowed	Single	Name of Wife or Husband						
Father's Name	Frederick W. Reitz			Father's Birthplace	Germany			
Mother's Maiden Name	Helen Markham			Mother's Birthplace	Germany			
Name of person giving information	Helen Reitz			How related to deceased	Mother			

CAUSES OF DEATH

Primary

Whooping Cough

How long

2 weeks

Immediate

Convulsion

How long

2 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Dr

Address

R. C. Ennix
Woodlawn Sta
Md.

Accident or Suicide?

Joseph B Cook
Lorraine Inn
Dec. 9 1905.

Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Henry Bley Robinson

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
1905	Dec	10	78	3	12
Sex	Color or Race	Where Residing if not at place of death			
male	colored	Lizzie Robinson			
Occupation					
Married, S. or W.	Name of Wife or Husband				
Father's Name					
Mother's Maiden Name					
Name of Person giving Information	Christopher Williams				

CAUSES OF DEATH

PHYSICIAN OR CORONER	Primary	Pneumonia	93	How long
	Immediate	Exhaustion		5 days
Are the name, age, sex, color, date and place correctly given above?		Signature Physician	W.B. Stevens M.D.	
		Address	St Denis. Balto Co Md	
Accident or Suicide?				

Hoof
Crowderwill.

Name
in
Full

Ellie Rogers

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Rockdale	Baltimore				
Date of death	Month	Day	Years	Months	Days
1905	12	20	55		
Sex	Male	Color or Race	Black	Birth-place	Baltimore
Occupation	Labour	Where Residing if not at place of death			
Married, Single or Widowed	Name of wife or Husband				
Father's Name	Aolie Rogers		Father's Birthplace	Md	
Mother's Maiden Name			Mother's Birthplace	In	
Name of person giving Information	Lee Louis		How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Exposure	09	How long
Immediate	Shrub disease		How long

Are the name, age, sex, color, date and place correctly given above?

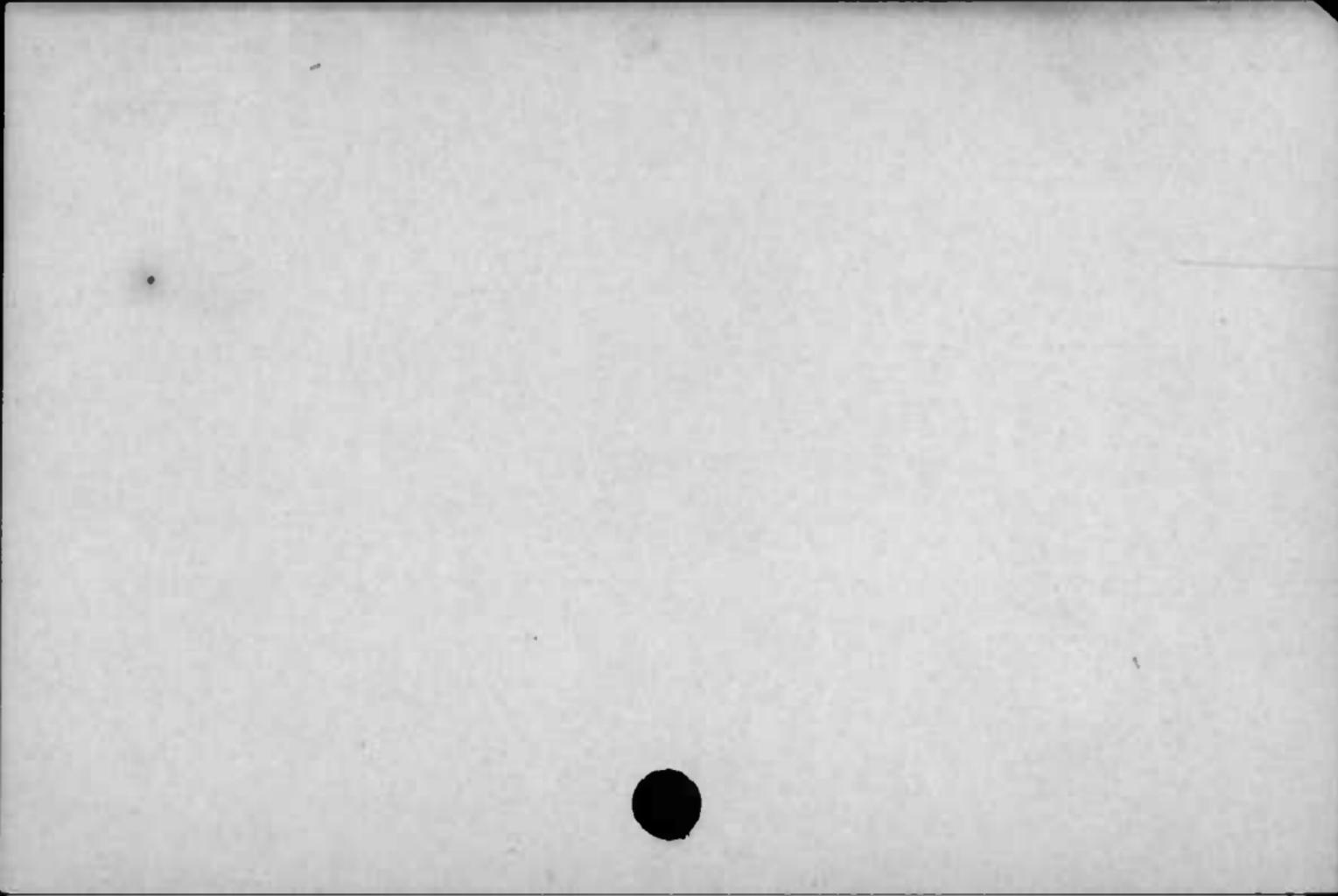
Signature of Physician

Accident or Suicide?

Address

St. John's

Randallstown



Name in Full

Elizabeth. C Rühl

Certificate of Death

Died at	Town	County			
	Mt. Rainier	Baltimore Co	MARYLAND		
Date 19	Month	Day	Y.	M.	D.
05	02	27	73		
Male	White	Age	73	Native of	
Female	Colored	Married		Germany	
		Single		Occupation	
				Housewife	
				Number of children living	
				2	

Wife of Henry Rühl
 Father's Name ~~unknown~~ Mother's Name ~~unknown~~
 Maiden Name ~~unknown~~

Cause of Death	Primary	Strangled Unintentional, Homicide	How long sick
	Immediate	Gangrene. Exhaustion	4 days.
			Accident, Suicide, Homicide

Reported by C. P. St. James M.D.

Address 1606 Light St. Baltimore, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Joseph Shutebeck

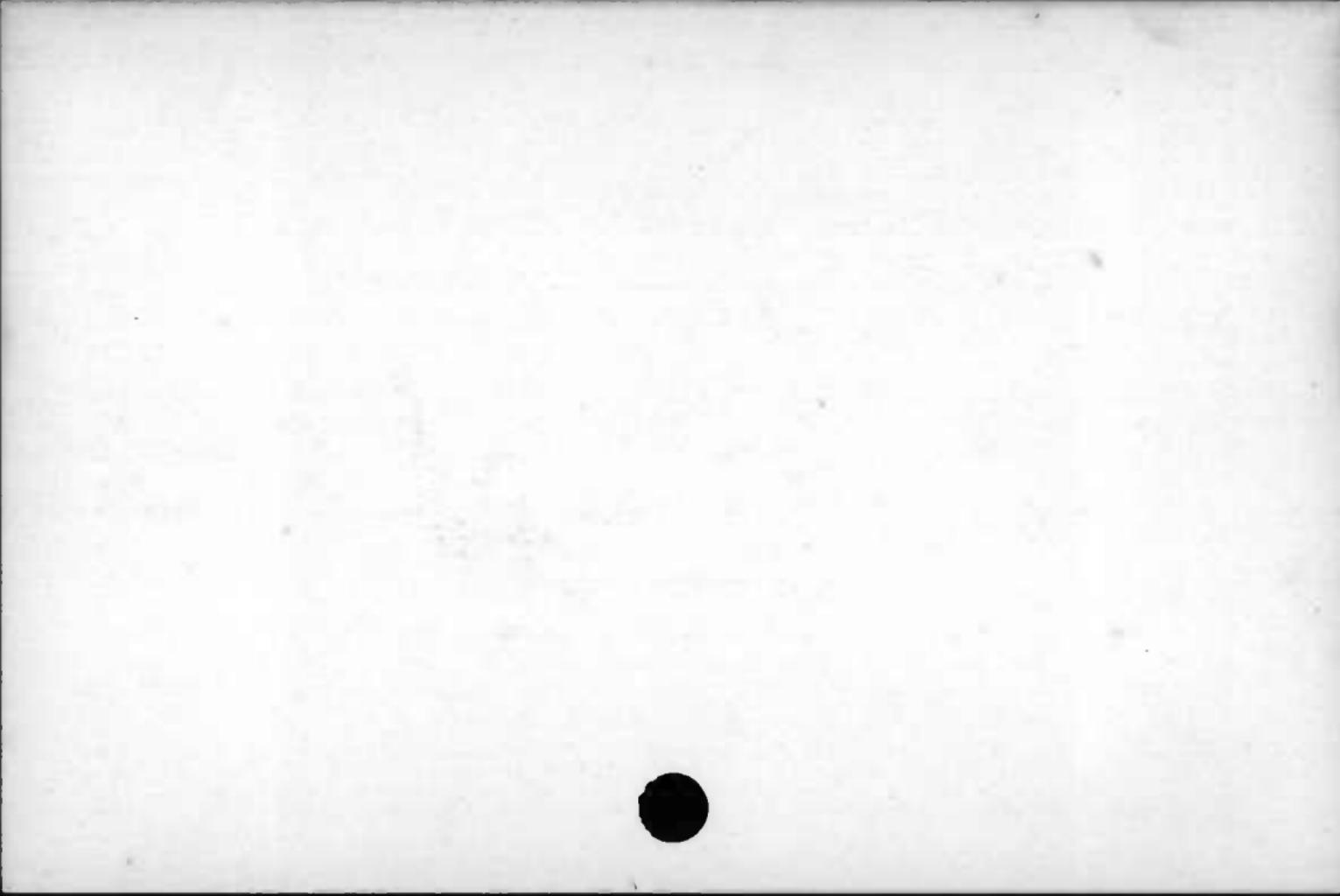
Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Sarah C. Saumurij

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	70	0	11
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Sam			
Father's Name	Henry Saumurij (deceased)				
Mother's Maiden Name	Ind				
Name of person giving information	Sarah Eiselin				
Alice Saumurij					
CAUSES OF DEATH					
Primary	Multiple Intestinal Fibroma			How long	
Immediate	Expansion of Coma			about 7 months	
Are the name, age, sex, color, date and place correctly given above?				How long	
Yes				7 days	
PHYSICIAN OR CORONER	Signature of Physician		Address		
R. D. Triplett Grand Ind.					
Accident or Suicide? _____					



Helen Sawyer

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1905	Month Dec	Day 22	Years 20	Months	Days	
Sex	Female	Color or Race	White		Birth-place	Md	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Married	Name of Wife or Husband	Charles Sawyer				
Father's Name	Louis Bader		Father's Birthplace		Md		
Mother's Maiden Name	Magie Martin		Mother's Birthplace		Md		
Name of person giving information						How related to deceased	-

CAUSES OF DEATH

Primary

How long

In weeks

Immediate

How long

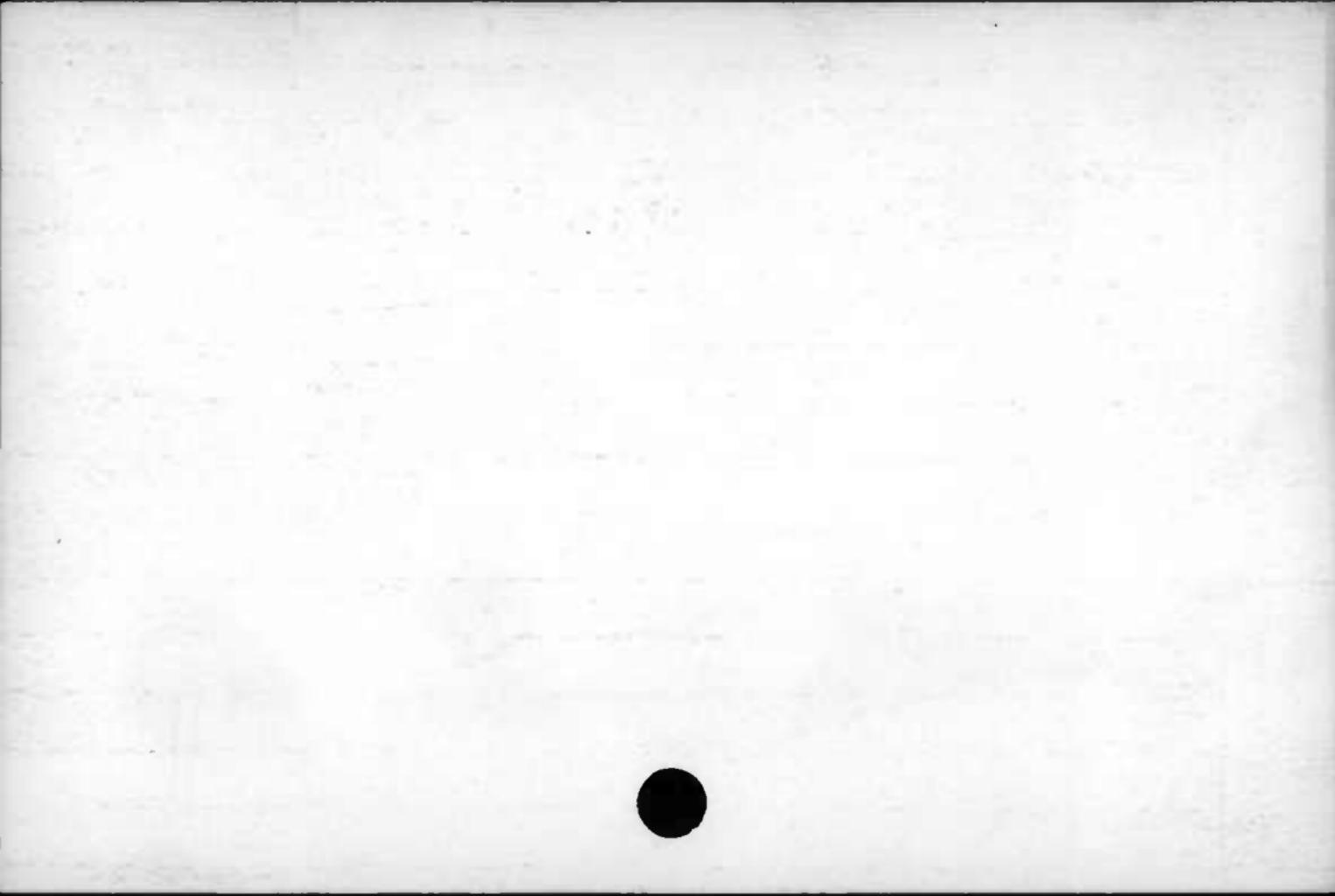
6 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

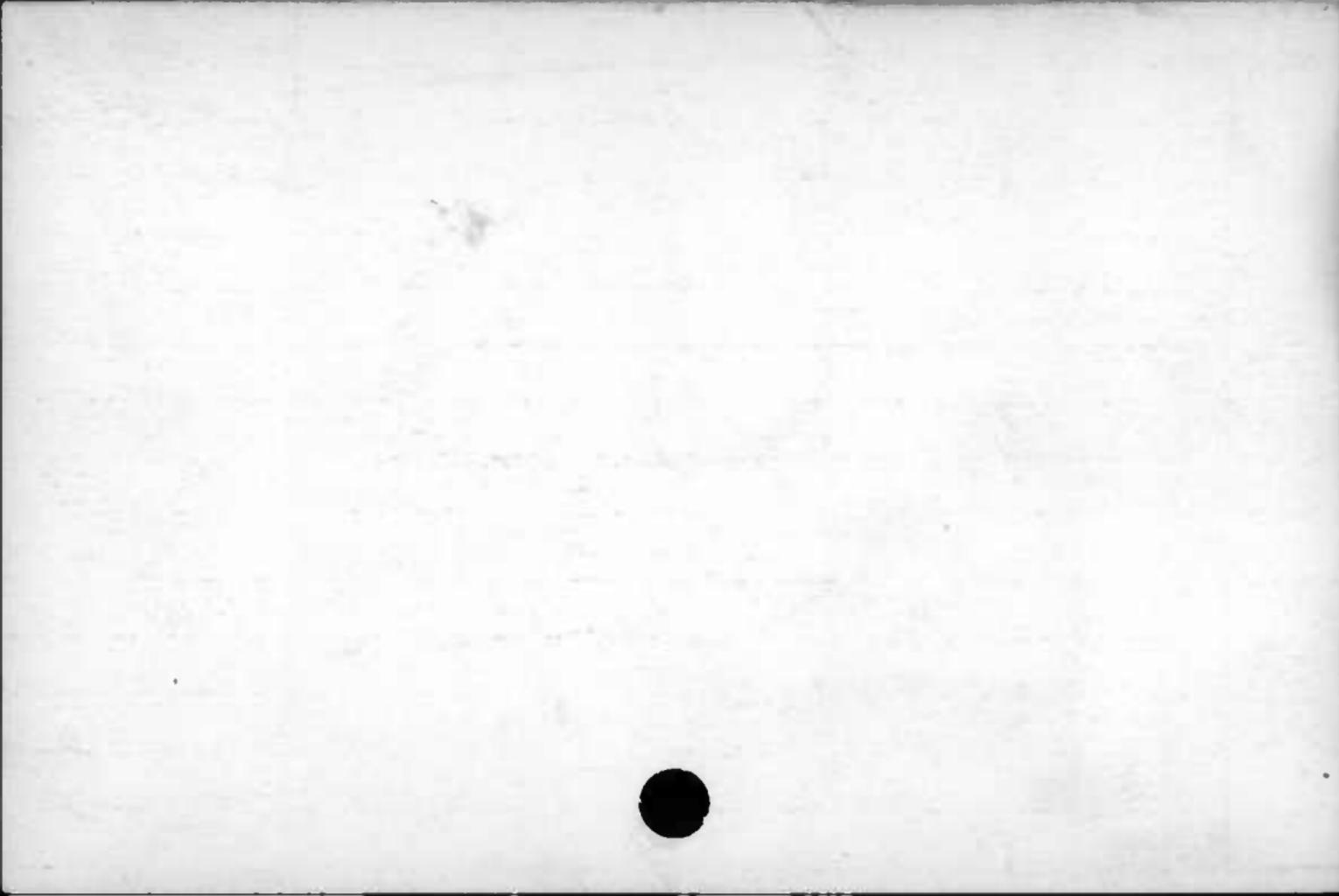


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Sawyer					CERTIFICATE OF DEATH		
Died at	Town		County		MARYLAND		
Date of death	Month	Day	Years		Months	Days	
Sex	Female		Color or Race	white	Birth-place	Med.	
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	Name of Wife or Husband						
Father's Name	Charles Sawyer		Father's Birthplace		Med.		
Mother's Maiden Name	Helen Boakler		Mother's Birthplace				
Name of person giving information	How related to deceased						
CAUSES OF DEATH							
Primary	Acute Inflammation				How long	9 days	
Immediate					How long		
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician		Address		
Accident or Suicide?							



Name
in
Full

Miss Pauline Scally

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at St. Agnes Hospital		County Baltimore		MARYLAND	
Date of death 1908	Month 12	Day 11	Years 33	Months	Days
Sex Female	Color or Race White	Birth-place America			
Occupation None		Where Residing if not at place of death			
Married, Single or Widowed	Name of Wife or Husband				
Father's Name					Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving information					How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Consumption	How long
Immediate	Exhaustion	How long

Are the name, age, sex, color, date and place correctly given above?

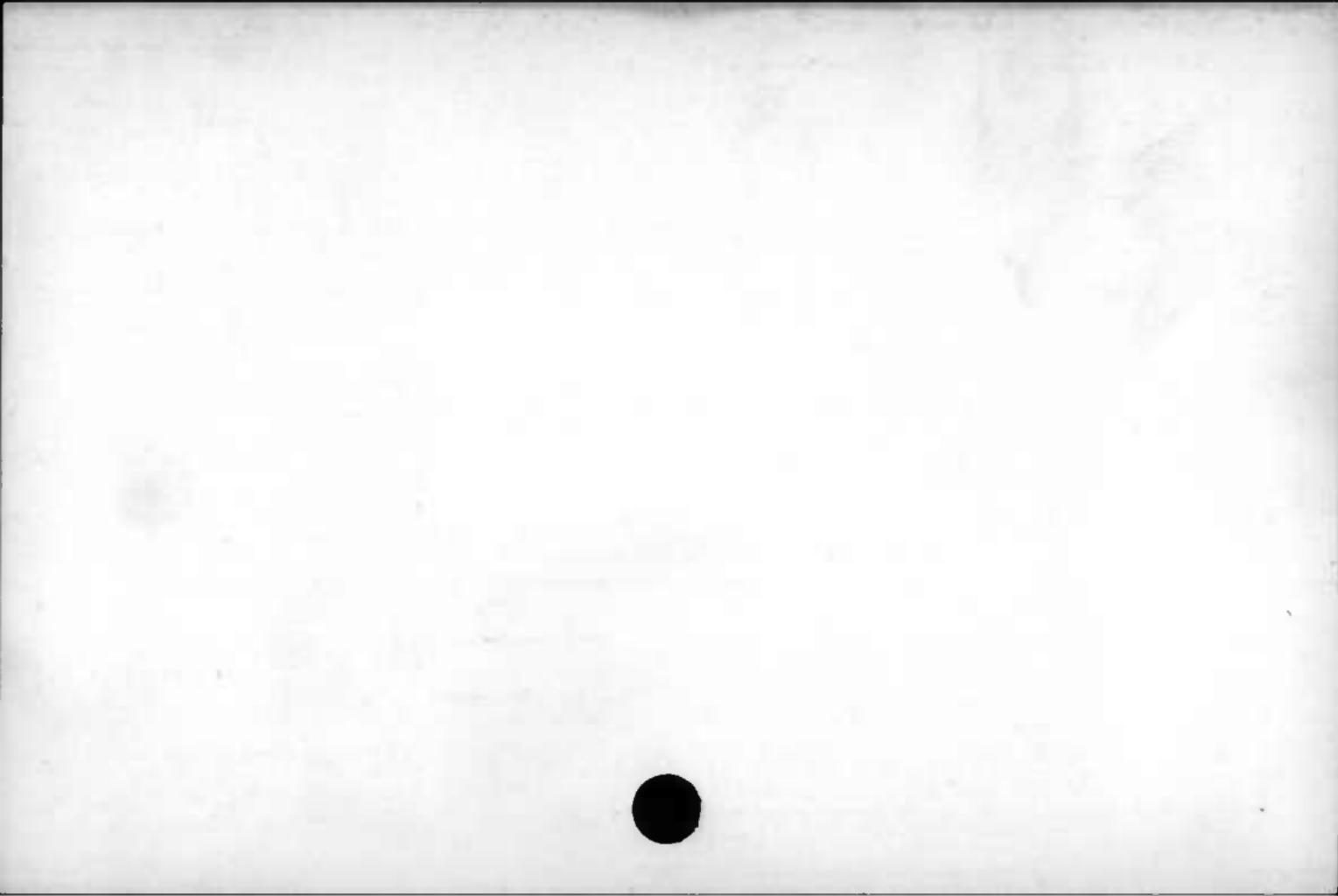
Signature of Physician

Frank W. Womsey M.D.
St. Agnes Hospital

Yes

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Accident or Suicide?

CERTIFICATE OF DEATH					
Died at			Maryland		
Town		County		MARYLAND	
Date of death 1905	Month 12 th	Day 23	Age	Years	Months 3
Sex Male	Color or Race white	Birth-place 102 E 47th St New York	Days 7		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband		Father's Birthplace Balt Co.	
Father's Name Henry Alfred Schenck		Mother's Maiden Name Mary Buckholz		Mother's Birthplace Balt. City	
Name of person giving information Henry O. Schenck				How related to deceased Father	
CAUSES OF DEATH					
Primary	Intermittent fever			How long 9 days	
Immediate	Sporadic			How long 2 days	
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Dr. George Schenck M.D.		
			Address 618 O. Clinton St.		

Sacred Heart Cemetery

Dec. 24 th 1903

Germanus France

Undertaker

Name in Full

Certificate of Death

John Marvin Schultz

Town

County

Died at

Kumacost.

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Date 1905

12 14

2 10

Male

White

Age
Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of _____

Wife

Father's

Name

Andrew R. Schultz

Mother's

Name

Florence O. Miller

Cause of

Primary

Lobar Pneumonia

How long sick

2 weeks.

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

Edgar M. Bush M.D.

Address

Harpersfied, Maryland.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Max. Selman

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Shenandoah Point</u>		Town <u>Shenandoah</u> County <u>Shenandoah</u>		MARYLAND		
Date of death <u>1903</u>	Month <u>Dec.</u>	Day <u>28</u>	Years <u>29</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Germany</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death					
Married, <u>Single</u> or Widowed	Name of Wife or Husband					
Father's Name <u>Nat Brown</u>	Father's Birthplace					
Mother's Maiden Name <u>Nat Brown</u>	Mother's Birthplace					
Name of person giving information	How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

13

How long

17 days

Immediate

Emphysema

How long

A few days

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

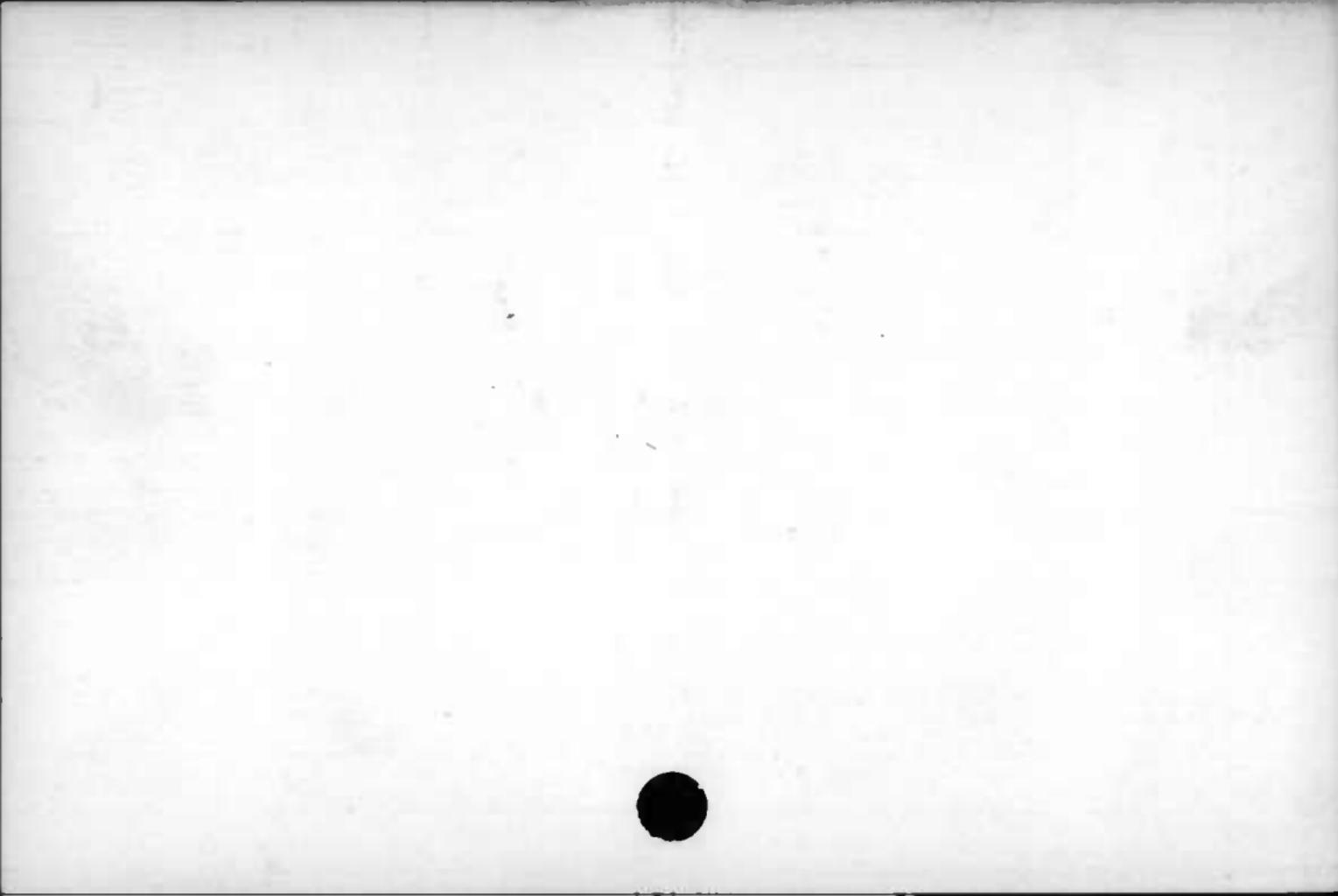
J. B. Eldred

Address

Shenandoah Point

Accident or Suicide?

No



Name
in
Full

(Scott) Henry G.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at <u>Le尔斯维尔</u>		Town	County <u>Baltimore</u>	MARYLAND	
Date of death <u>1905 Dec 13</u>	Month <u>Dec</u>	Day <u>13</u>	Age <u>46</u> Years	Months	Days
Sex <u>Male</u>	Color or Race <u>white</u>			Birth-place <u>Maryland</u>	
Occupation <u>None</u>	Where Residing if not at place of death <u>X</u>				
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>X</u>				
Father's Name <u>X</u>				Father's Birthplace <u>(Yes)</u>	
Mother's Maiden Name <u>X</u>				Mother's Birthplace <u>(Yes)</u>	
Name of person giving information <u>X</u>				How related to deceased <u>(Yes)</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Dementia

How long

20 yrs.

Immediate

Gen Paroxysm following intestinal obstruction.

How long

5 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

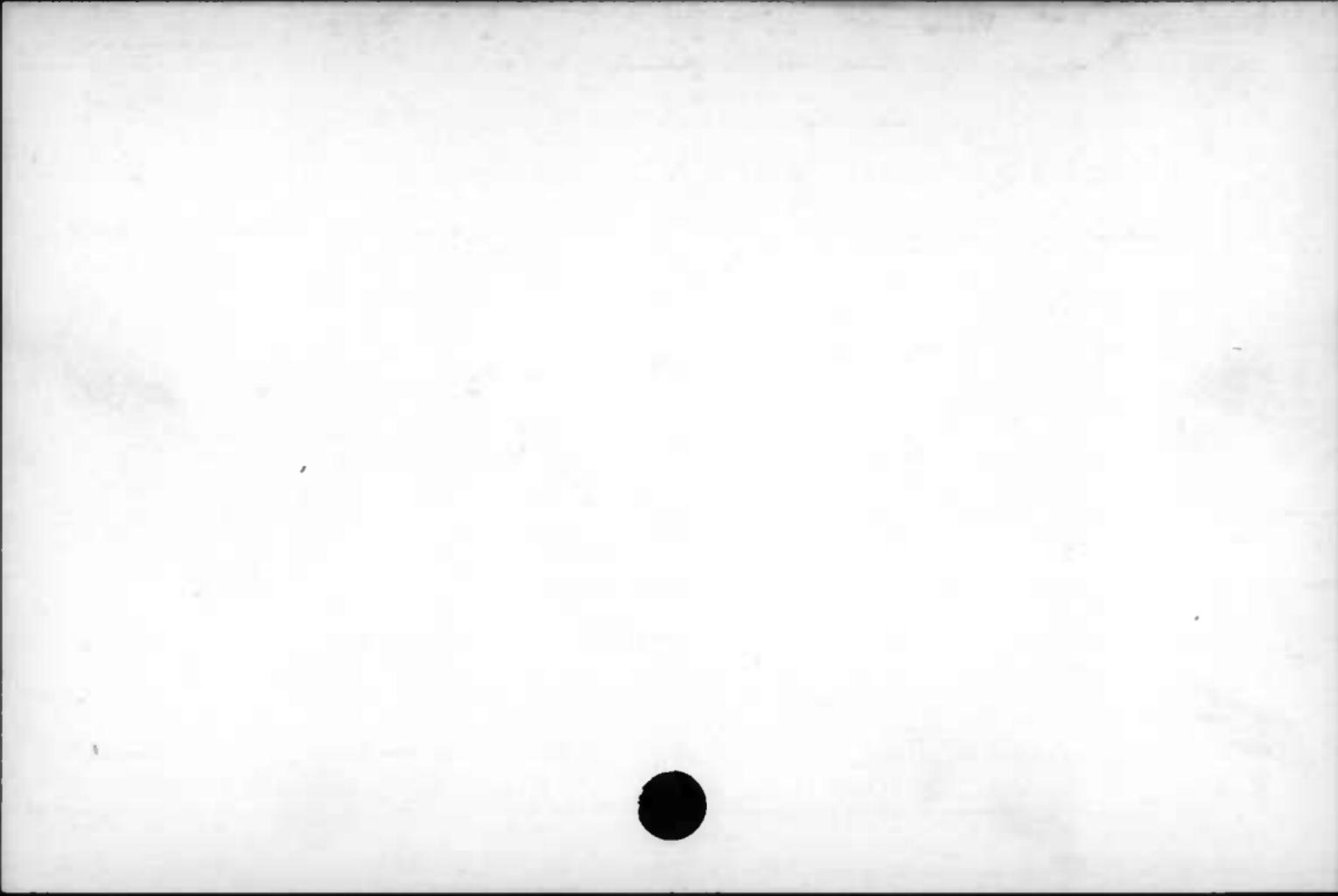
Mrs. Hale.

Address

Le尔斯维尔, Md

Accident or Suicide?

No.



Name
in
Full

Elizabeth Shannon

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at

Town

Canton

County

Baltimore

MARYLAND

Date
of death

Month

Day

Years

1905 Dec.

10

32

Months

8

Days

7

Sex

Female

Color or
Race

White

Birth-
place

Baltimore

Occupation

None

Where Residing if not
at place of death

Married, Single
or Widowed

Widowed

Name of Wife or
Husband

Father's
Name

Joseph Kiefer

Father's
Birthplace

Baltimore

Mother's
Maiden Name

Amelia R. Bockum

Mother's
Birthplace

Baltimore

Name of person giving
Information

Joseph Kiefer

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pulmonary tuberculosis

How long

1 yr.

Immediate

Pulmonary tuberculosis

How long

1 yr.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. P. Shannon M.D.

Address

401 Fulton Ave.
Baltimore 3rd.

Accident or Suicide?

Trinity Cemetery
H. Sanderson Sons.

Name
in
Full

Elizabeth Sherdine

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at Balto, Co. Alushouse

County

MARYLAND

Date of death 1905 Month 12 Day 11 Years .80 Months Days

Sex Female

Color or Race

Negro

Birth-place

Balto, Co. Md

Occupation

COOK

Where Residing if not
place of death

Married, Single
or Widowed

widow

Name of Wife or Husband

George Sherdine

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving
Information

How related to deceased

163

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Thos. C. Blussy

Address

Texas
Md.

Accident or Suicide?

Alix Hemley Understayer
In church yard
Gowrie,

Name
in
Full

Frank H. R. Siemundt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Died at	Morell Park	Balt.		
Date of death	Month	Day	Years	Months Days
1905	Dec.	22	—	— 24
Sex	male	Color or Race	white	Birth-place
Occupation	Inagent			Where Residing if not at place of death
Married, Single or Widowed	—			—
Father's Name	George W. Siemundt			Father's Birthplace
Mother's Maiden Name	Eda Priscilla Henickle			Mother's Birthplace
Name of person giving information	—			How related to deceased

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

71

How long

Immediate

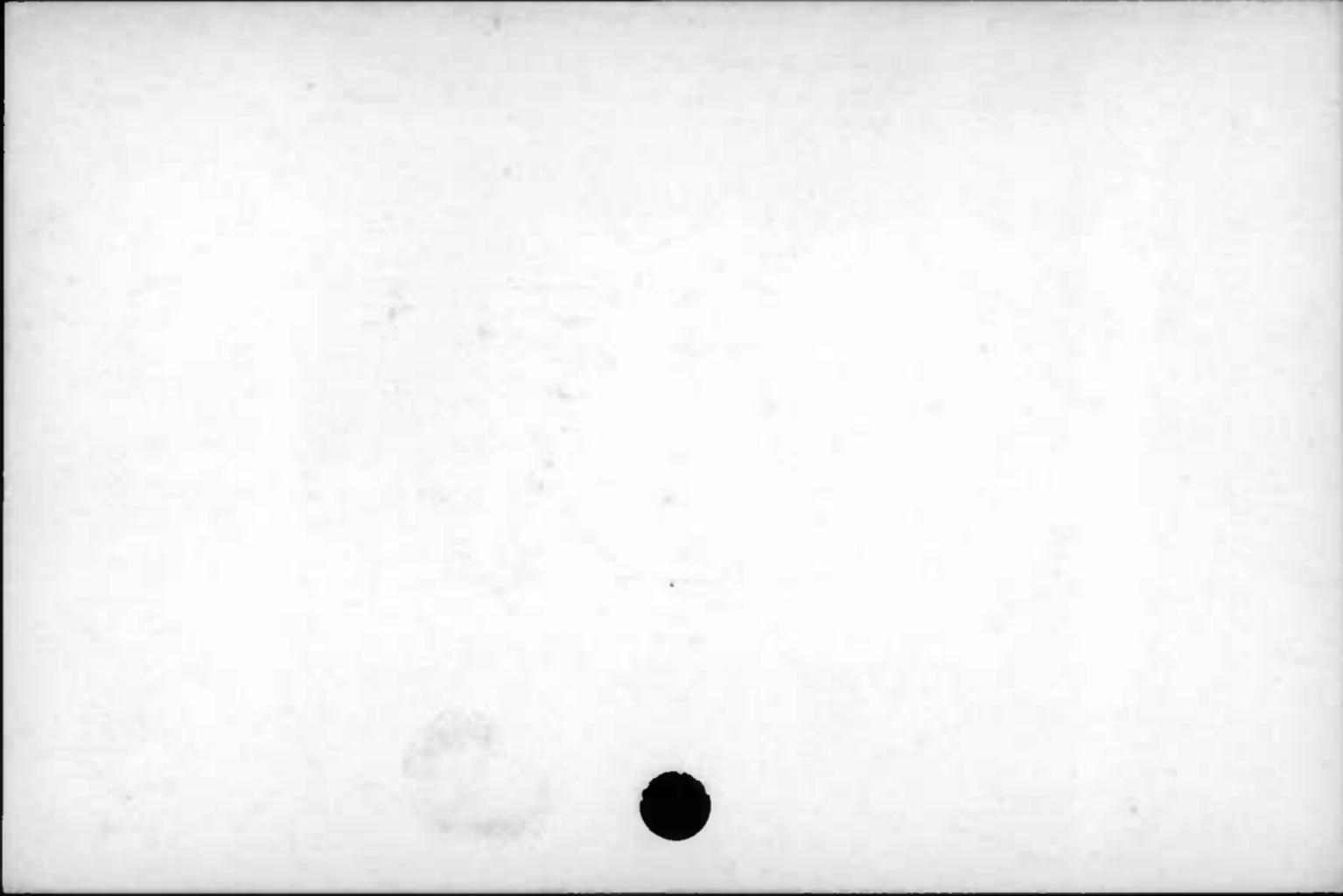
1 day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?



Name
in
Full

Annie Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town		County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	Age	14	7	14
Occupation	at home		Where Residing if not at place of death	Balt. Co. Md		
Married, Single or Widowed	Name of Wife or Husband		Father's Birthplace			
Father's Name	James Smith		English			
Mother's Maiden Name	Jessie Fox		Mother's Birthplace			
Name of person giving Information	Jessie Smith		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Reffusing Typhoid fever* How long *3 weeks.*
Immediate *Typhopneumonia* How long *1 month.*
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *Frank H. Pankl*
Address *Lansdowne Md.*

Accident or Suicide?



Name
in
Full

Charlotte Alice Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	190	Month Dec	Day 19	Years 73	Months 5	Days 19
Sex	Female	Color or Race	white		Birth-place	No
Occupation	Where Residing if not at place of death					Granstown
Married, Single or Widowed	Name of Wife or Husband					
Father's Name	Thomas Smith					England
Mother's Maiden Name	Mary Dean					Ca
Name of person giving information	Miss Elizabeth L. Smith					sister

CAUSES OF DEATH

Primary

arterio-scleros. Hypertrophy of Heart

How long

3 years

Immediate

Heart - failure

How long

immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Rev J. H. Bockning
Sta 14, Bank Rd.

PHYSICIAN
OR CORONER

Accident or Suicide?

Doctor! Kindly grant
permit for interment in
Green Mt Cemetery,
funeral Thursday Morning
Yours Respectfully
Stewart & Mowen
Dec 19th 1865

Name
in
Full

Grace L M Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND	
Entered Heights Gardenville		Baltimore			
Date of death	Mont.	Day	Years	Months	Days
1905 Dec	7	Age	18	3	5
Sex	Female	Color or Race	white	Birth-place	Baltimore
Occupation	Saleslady		Where Residing if not at place of death	Gardenville	
Married, Single or Widowed	Single	Name of Wife or Husband		Father's Birthplace	England
Father's Name	James M. Smith			Mother's Birthplace	London
Mother's Maiden Name	Ella E. Frazier			How related to deceased	Father
Name of person giving information	James M. Smith				

664

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary tuberculosis		How long	3 months
Immediate	Asphyxia		How long	24 hours
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	S. L. Magness	
		Address	1244 N. Gay St Baltimore	
Accident or Suicide?	No			

Waggers
Gay & Preston

Burial at Balto Cemetery
Dec 10/905

Wm Cook

Name
in
Full

Leo J. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St Agnes Hospital</u>		Town	County <u>Baltimore</u>	MARYLAND	
Date of death <u>1908</u>	Month <u>12</u>	Day <u>14</u>	Years <u>17</u>	Months	Days
Sex <u>Male</u>	Color or Race <u>White</u>	Birthplace <u>America</u>			
Occupation <u>Waitress.</u>	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name					
Mother's Maiden Name					
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Acute Endocarditis & Follicular Tonsilitis How long
How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

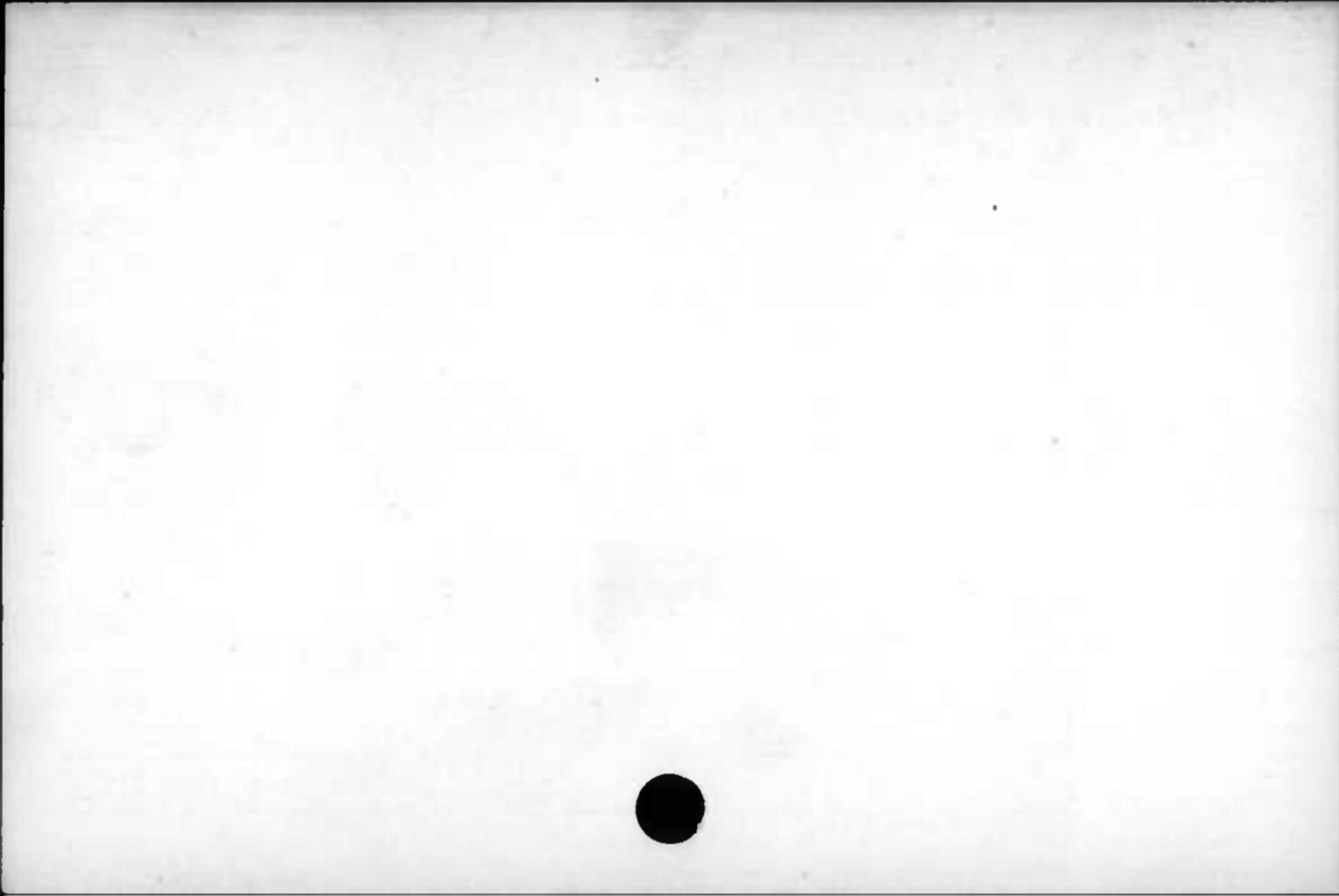
Yes

Frank Worsey, M.D.

Address

St Agnes Hospital

Accident or Suicide?



Name
in
Full

Child of Wm & Margaret Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Male	Color or Race	Age	Birth-place	Baltimore
Occupation	none	Where Residing if not at place of death	972 Eastern Ave 8 th		
Married, Single or Widowed	-	Name of Wife or Husband	-	Father's Birthplace	Baltimore
Father's Name	Wm Smith	Mother's Maiden Name	Margaret Moerschell	Mother's Birthplace	" "
Name of person giving Information	Wm Smith	How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Premature Birth

How long

7 Mos.

Immediate

Exhaustion

How long

-

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Caroline B. B.
Midwife
916 E. Lombard

Accident or Suicide?

3rd Yer. Ref. book.

J. Henwig & Son

Name
in
Full

William S. Smith

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at		Town	County	MARYLAND	
Date of death	1905	Month 12	Day 25	Years 51	Months — Days —
Sex	Male	Color or Race	White	Birth-place	Balto. Co
Occupation	Laborer		Where Residing if not at place of death	Mt. Washington	
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	George Smith		Father's Birthplace	Md	
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information	Ed. Enson		How related to deceased	Son in Law	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Rail Road accident (Run over)

How long

Immediate

Shock & Loss of Blood

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

A. Burford Thompson
Rider, Md.

Accident or Suicide?

Greenwood Cemetery
Jacob M. Knobell

Name
in
Full

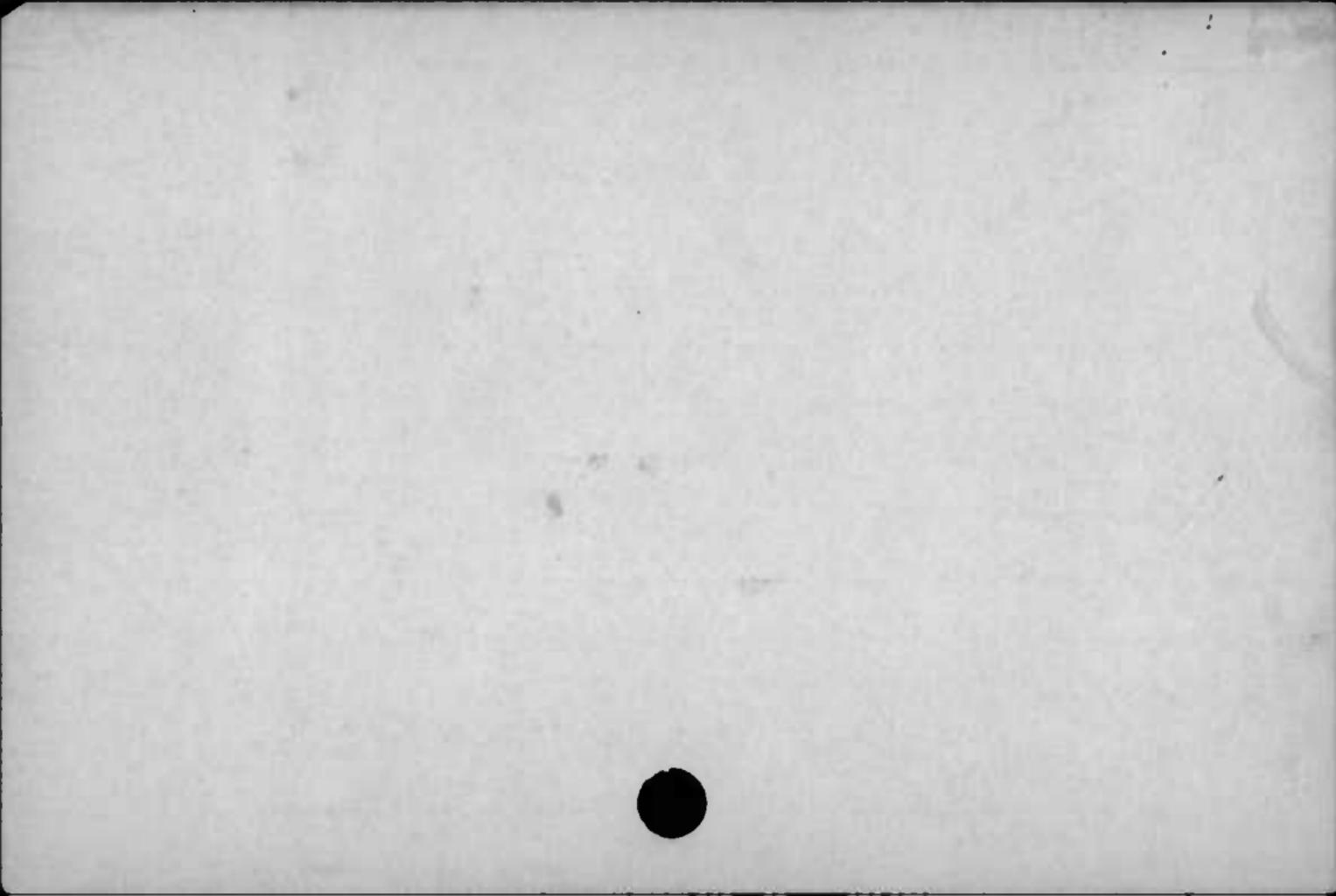
TO BE ANSWERED BY
NEAREST FRIEND

Mary Seaman

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Bundallstown		Baltimore				
Date of death	1905	Month December	Day 3 rd	Years 39	Months	Days
Sex	Female	Color or Race	white		Birth-place	Maryland
Occupation	Housewife		Where Residing if not at place of death		George Seaman.	
Married, Single or Widowed	Married	Name or Wife or Husband	John Fasbinder		Father's Birthplace	Germany
Father's Name					Mother's Birthplace	Germany
Mother's Maiden Name					How related to deceased	Daughter
Name of person giving Information	Henry Seaman					
CAUSES OF DEATH						
Primary	Pneumonic Tuberculosis			How long		
Immediate	Cardiac Asthma			How long		
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician	Wm. J. Buppert	
				Address	Roslyn Balt Co Md	
Accident or Suicide?						

PHYSICIAN
OR CORONER



Name
in
Full

Ann Kate Stauffer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County	MARYLAND		
Date of death	190	Month 2	Day 22	Age 48	Years - Months - Days	
Sex	Female	Color or Race	White	Birth place		
Occupation	house wark	Where Residing if not at place of death			Woodlawn Sta	
Married, Single or Widowed	Married	Name of Wife or Husband	Clinton Stauffer	Father's Birthplace	Germany	
Father's Name	John Gerhard				Mother's Birthplace	Germany
Mother's Maiden Name	Elizabeth Gerhard				How related to deceased	+ husband
Name of person giving Information	Clinton Stauffer					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Carcinoma of Uterus 4 years

Immediate

hronic prostatitis 10 days

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

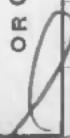
Address

A. C. Brumich

Woodlawn Sta

Md.

Accident or Suicide?



Jos. B Cook.
Woodlawn. Am
Rec 351905.

Name
in
Full

Henry Stevens

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town
Moor Park

County
Baltimore

MARYLAND

Date
of death

1905

Month
Dec

Day
16

Years
61

Months
8

Days
25

Age

Sex

Male

Color or
Race

White

Birth-
place

Howard Co Md

Occupation

Engineer

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Levering Stevens

Father's
Birthplace

Mad

Mother's
Maiden Name

Mary Ellen Caw

Mother's
Birthplace

Mad

Name of person giving
Information

Miss Laura V. Hoffman

How related
to deceased

niece

CAUSES OF DEATH

Primary

Chronic interstitial nephritis -

How long

5 wks

Immediate

Heart disease

How long

5 wks.

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Geo. S. Kieffer

Address

Moor Park
Baltimore Co Md.

Accident or Suicide?

Western Cen:

Jack Cook

Name
in
Full

Mrs Annie H. Stevenson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Fellowship</u>		Town <u>Baltimore</u> County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>1</u>	Years <u>65</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Birth-place <u>Portsmouth Va</u>			
Occupation <u>Wife</u>	Where Residing if not at place of death <u>At home</u>				
Married, Single or Widowed	Name of Wife or Husband <u>Washington Stevenson</u>				
Father's Name	Father's Birthplace <u>Virginia</u>				
Mother's Maiden Name <u>W</u>	Mother's Birthplace <u>Virginia</u>				
Name of person giving information	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

10 years

Immediate

La Grippe

How long

3 weeks

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

R. C. Masseybury
Paterson

Accident or Suicide?

E. Madison Mitchell

Prospect Hill

Fairview

Name
in
Full

(Stone), Charles W.

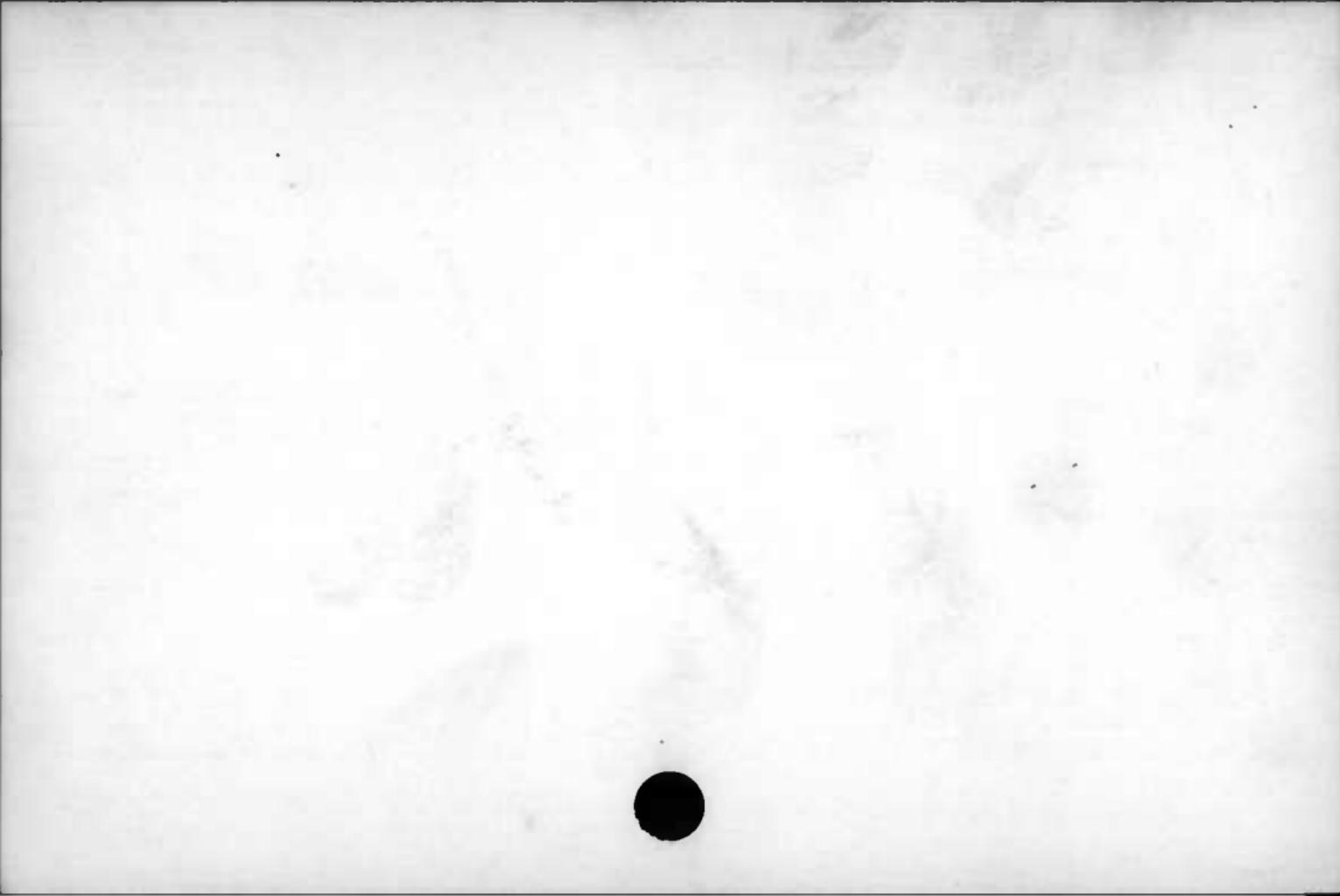
CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND	
Date of death	Month	Year	Months	Days
Sex	Color or Race	Age		
Occupation	Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed	Name of Wife or Husband			
Father's Name			Father's Birthplace	
Mother's Maiden Name	<input checked="" type="checkbox"/>	169	Mother's Birthplace	
Name of person giving information	<input checked="" type="checkbox"/>		How related to deceased	

CAUSES OF DEATH

Primary	Epileptic insanity		How long	25 yrs.
Immediate	Status Epilepticus		How long	1 hr.
Are the name, age, sex, color, date and place correctly given above?		No	Signature of Physician	Dr. W. H. Nade
			Address	Lebanonville, Md.
Accident or Suicide?		yes		



Name
in
Full

Joseph Thalheimer

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

Died at Int Hope Retreat

County Baltimore

MARYLAND

Date
of death 1905

Month Dec

Day 15

Age 77

Years 77

Months -

Days -

Sex Male

Color or
Race White

Birth-
place Germany

Occupation Whip Maker

Where Residing if not
at place of death

Married, Single
or Widowed F

Name of Wife or
Husband

Father's
Name

Father's
Birthplace

Mother's
Maiden Name

Mother's
Birthplace

Name of person giving
Information

How related
to deceased

154

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Senility

How long -

Immediate

Post Hemiplegia and Convulsions

How long 2 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

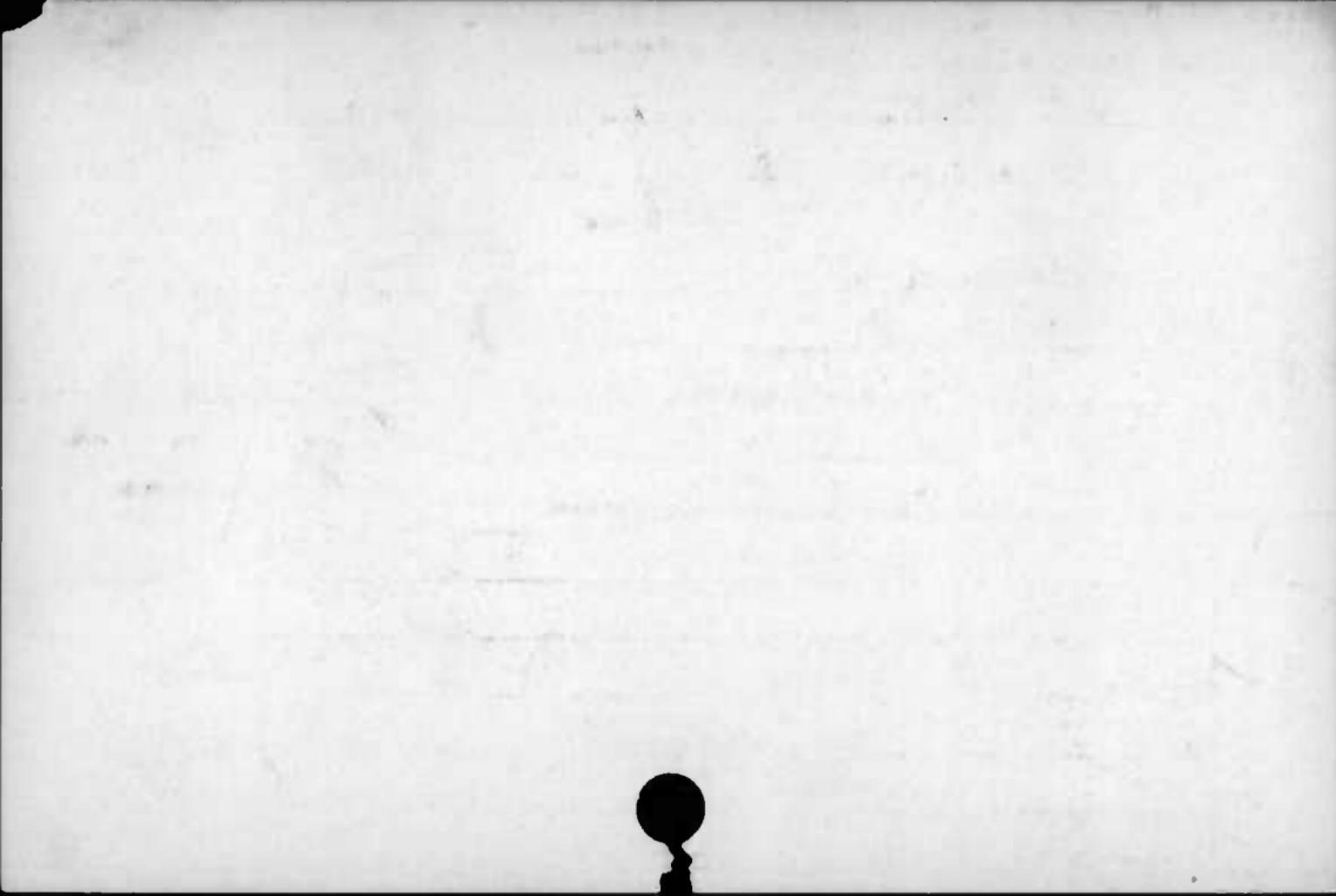
Signature of
Physician

Address

C. B. Lusser M.D.
Int Hope M.D.
Int Hope M.D.

Accident or Suicide?

No



Name
in
Full

Rudolf Thorsen

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Baltimore		Baltimore	
Date of death	Month	Year	Months
1905	Dec.	13	—
Age	Days		
Sex	Male	Color or Race	Norway
Occupation	Steward	Where Residing if not at place of death	—
Married, Single or Widowed	Married	Name of Wife or Husband	Not Known
Father's Name	Not Known	Father's Birthplace	Not Known
Mother's Maiden Name	"	Mother's Birthplace	"
Name of person giving information	M. Ammisen	How related to deceased	—

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Heart failure	10	How long
Immediate	"	"	How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of
Physician

Coroner John G. Mulley
504 N. Clinton St

Accident or Suicide?

Mr Barnet Land
H. Sander & Son

Mrs Mary W. Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at Eudowood Hospital Town Baltimore County Baltimore

MARYLAND

Date of death 1905 Month 12 Day 28 Years 33 Age 33 Months Days Sex Female Color or Race whiteBirth-place BaltimoreOccupation House Wife Where Residing if not at place of deathMarried, Single or Widowed Married Name of Wife or HusbandUnknownFather's Name UnknownFather's Birthplace UnknownMother's Maiden Name UnknownMother's Birthplace UnknownName of person giving information Miss McGuinessHow related to deceased None

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

1 1/2 years

Immediate

Exhaustion

How long

3 mos.PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Dr. GarrettBaltimore, Md

Accident or Suicide?

No

Lewis T. Schafer.

London Park.

Name
in
Full

Katie Prager

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at 41st & Pratt St.		Town	Baltimore		County		MARYLAND	
Date of death 1905	Month Dec.	Day 15	Age	Years	Months	Days	5	9
Sex Female	Color or Race	White		Birth-place	Baltimore, Md			
Occupation None	Where Residing if not at place of death				C			
Married, Single or Widowed Single	Name of Wife or Husband	C				C		
Father's Name Chas. J. Prager					Father's Birthplace	Germany		
Mother's Maiden Name Rosina P. P. Olsen					Mother's Birthplace	Baltimore		
Name of person giving information Chas. J. Prager					How related to deceased	Father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Marasmus

How long

3 mos.

Immediate

Exhaustion

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

G. C. Thruen M.D.
1135 Highland Ave
Baltimore, Md.

Accident or Suicide?

1st Evangelical Lm.
H. Fander & Sons

Mary Drager

CERTIFICATE OF DEATH

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Father's Birthplace				
Mother's Maiden Name	Mother's Birthplace				
Name of person giving Information	How related to deceased				

Died at Highlandtown County Baltimore
 Date of death 1905 Month Dec. Day 19 Years Age
 Sex Female Color or Race White Birthplace Baltimore
 Occupation None Where Residing if not at place of death
 Married, Single Name of Wife or Husband
 Father's Name Charles J. Drager Father's Birthplace Germany
 Mother's Maiden Name Rosanna Tolson Mother's Birthplace Baltimore
 Name of person giving Information Charles J. Drager How related to deceased Father

CAUSES OF DEATH

Primary	<u>Marsymic</u>	How long
Immediate	<u>Asthenia</u>	How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

G. C. Shew, M.D.
 1135 Highland Ave

Accident or Suicide?

Quinn, M.D.

~~Hightland Avenue~~ Douglass

1st Evangelical Lm

H. Sander Sons

Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Mary Josephine Trusty

CERTIFICATE OF DEATH

MARYLAND

Died at Catonsville

County Baltimore

Date of death 1905 Month Dec Day 20

Age 42 Years

Months — Days —

Sex Female

Color or Race

Colored

Birth-place

Bridgeton County

Occupation —

Where Residing if not
at place of death —

Married, Single or Widowed
Married

Name of wife or Husband

George Trusty

Father's Name —

Father's Birthplace

Mother's Maiden Name —

Mother's Birthplace

Name of person giving information

How related to deceased

George Trusty (93) Husband

CAUSES OF DEATH

Primary

Catarrh Pneumonia
Asthenia

How long

6 days

Immediate

How long

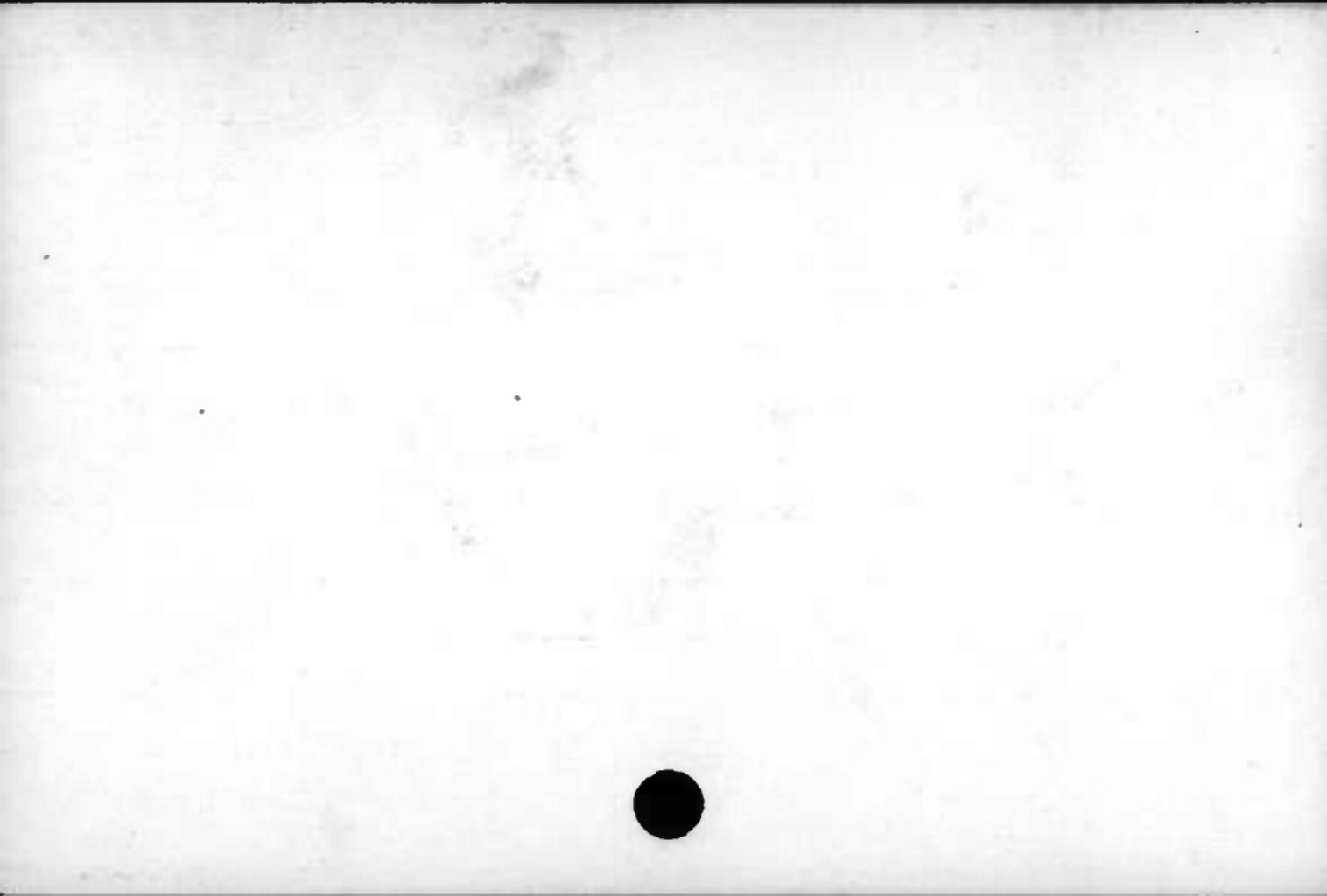
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

D. M. Stultz M.D.
Catonsville, Md.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Eric May
Died at White Hall

Town Baldo County Baldo
Date of death 1905 Month 12 Day 2 Years 64
Months Days

Sex Male Color or Race white Birth-place Harford

Occupation farmer Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or Husband

Father's Name Geo. May

Father's Birthplace Harford

Mother's Maiden Name Ovesta Hitchcock

Mother's Birthplace Harford

Name of person giving
Information

Caroline May

How related
to deceased Sister

CAUSES OF DEATH

Primary

Rheumatism Myocardia

How long 2 mon

Immediate

Paralysis

How long 1 week

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Ross Payne
Corbett

Accident or Suicide?

CERTIFICATE OF DEATH

MARYLAND

Name
in
Full

Coleman Welsh

12/8/II

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>St Denis</u>		Town	County <u>Baltimore</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Dec</u>	Day <u>12</u>	Years <u>about 40</u>	Age <u>about 40</u>	Months <u>-</u>	Days <u>-</u>
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>Ireland</u>		
Occupation <u>Railroad helper</u>		Where Residing if not at place of death <u>Bridge Street Ward Co</u>				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband					
Father's Name						Father's Birthplace
Mother's Maiden Name						Mother's Birthplace
Name of person giving information <u>Maggie Welsh</u>						How related to deceased

CAUSES OF DEATH

Primary

Struck by train near Palethorpe 1st 2nd 3rd 4th 5th 6th 7th 8th 9th 10th 11th 12th 13th 14th 15th 16th 17th 18th 19th 20th 21st 22nd 23rd 24th 25th 26th 27th 28th 29th 30th 31st

How long

Battle Co instantly killed

How long

(M.D.P)

Immediate

Accident

Are the name, age, sex, color, date and place correctly given above?

Signature of
Physician

Coroner Reclass

Address

St Denis
MD

Accident

PHYSICIAN
OR CORONER

Cowen & Hill
Elkridge

Name
in
Full

Elizabeth Werner

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

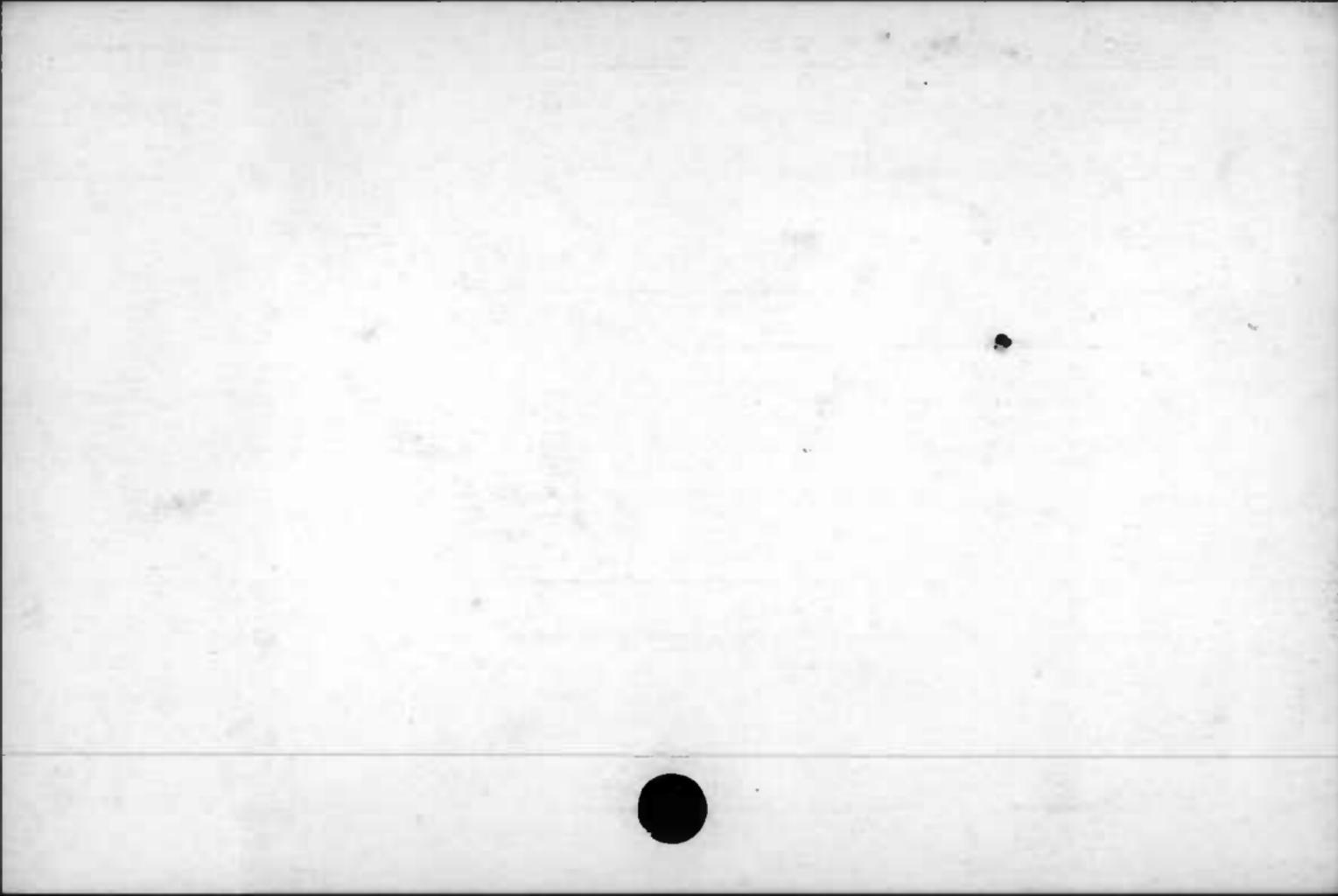
Died at Lauraville		County Baltw		MARYLAND	
Date of death 1905	Month December	Day 14 th	Years 65	Months 6	Days 18
Sex Female	Color or Race White	Birth-place Germany			
Occupation Housewife	Where Residing if not at place of death				
Manner, Single or Widowed Widow	Name of Husband	Ailsa one & Harford Rd Lauraville			
Father's Name	August Werner (Deceased)				
Mother's Maiden Name	Germany				
Name of person giving information	Son				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cardiac trouble & asthma	How long
Immediate	Loss of compensation	How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
jrs		Address

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Unknown

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days	
1905	December	1st	Age about 65	Unknown	Unknown	
Sex	Male	Color or Race	Col.	Birth-place	Dont know	
Occupation	Salaries			Where Residing if not at place of death	Dont know	
Married, Single or Widowed	Name or Wife or Husband		Dont know			
Father's Name	Dont know			Father's Birthplace	Dont know	
Mother's Maiden Name	Dont know			Mother's Birthplace	" "	
Name of person giving information	Leroy Lechrist 179			How related to deceased	Name	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Exposure and natural causes

How long

dont know

Immediate

Are the name, age, sex, color, date and place correctly given above?

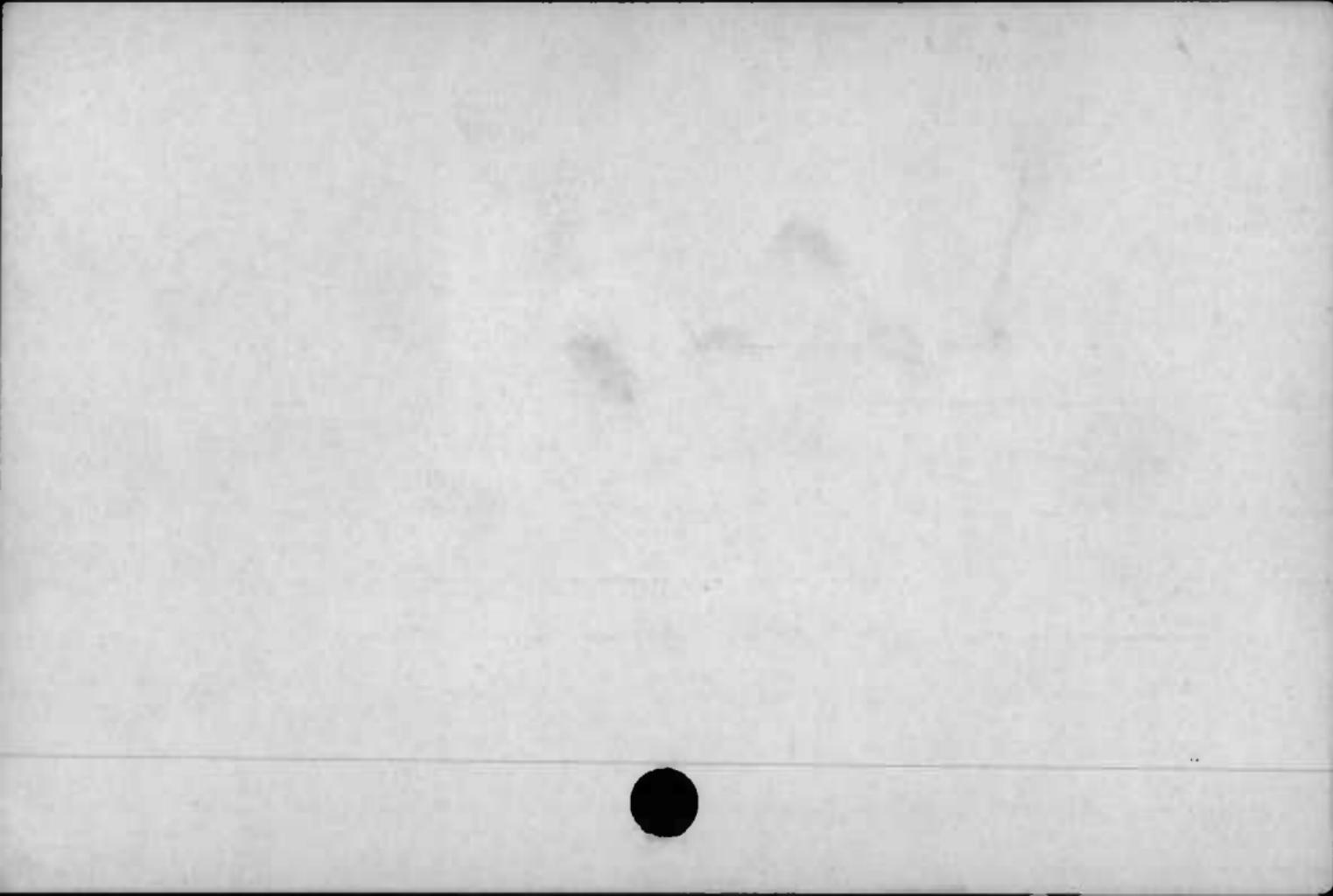
yes

Signature of Physician

Address

H. J. Kelt M.D.
Roslyn, Ind.

Accident or Suicide?



Name
in
Full

Unknown (M.P.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1905	Month Dec	Day 12	Years 35?	Months	Days
Sex	Male	Color or Race	white	Birth-place		
Occupation			Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband				
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving information				How related to deceased		

CAUSES OF DEATH

Primary	Came to His death by Pistol	How long
Immediate	Fireed by his own hand.	How long

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

William G. Eagle
Calonsville
Md

Accident or Suicide?

